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York, N.

JULY 1943

Oral Hygiene

THE CONSUMER'S PLEDGE

"...I will take care
of what I have..."



**CLEAN FIRST
THEN
LUBRICATE**

Longer Life ★

**FOR
HANDPIECES
WITH
SOLUBRI
CLEANER & OIL**



Do not allow rust and grit to shorten the life of your handpieces and angles. Protect them with Solubri Cleaner and Solubri Oil.

Solubri Cleaner removes all grit and debris from handpieces. It is especially important to use it for angles.

Solubri Oil prevents rust and keeps handpieces and angles operating smoothly.

Use both regularly to lengthen the useful life of your handpieces and angles.

In two-ounce
wide mouth
bottles
\$.50 each
Eight-ounce
bottles
\$1.50 each



THE *Cleveland* DENTAL
MANUFACTURING COMPANY
CLEVELAND, OHIO • U.S.A.

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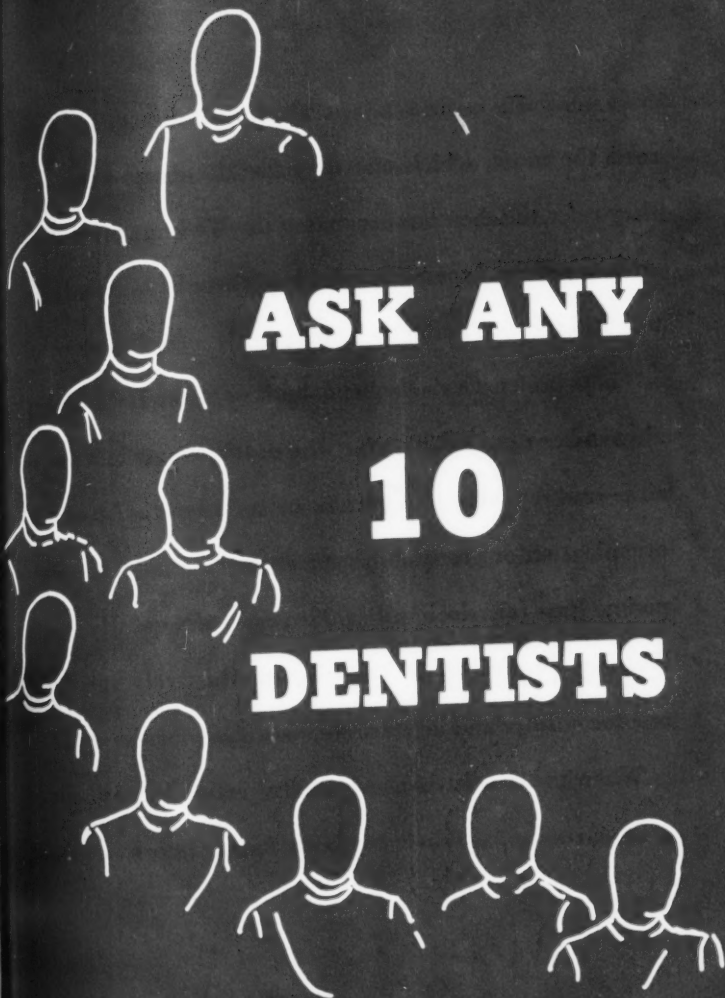
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ASK ANY

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DENTISTS



ASK ANY 10 DENTISTS which dental magazine they read the most, which one they *use* the most, which one they refer to when buying materials. We know what their answer will be, because hundreds of them have voluntarily told us in letters and in person.

They prefer Oral Hygiene because Oral Hygiene has always been guided by what the *dentist* wants in a magazine—not by what its editors or its advertisers, or any organization or group *think* the dentist should have. This policy has (all during the 32 years of Oral Hygiene's lifetime) proved to be the most productively successful one for editors and advertisers, as well as for the dentists.

When the dentist-*reader* is really getting "meat" out of a magazine . . . When he looks forward to every issue

because it is bringing him news and information he can't get anywhere else . . . when he saves back copies for reference because he needs the data they contain . . . that dentist-reader is almost sure to be a dentist-customer of the advertisers in the magazine.

Oral Hygiene is giving the dentists "meat." It is the only magazine that covers all of the many sides (in addition to technique) of the dentist's complicated professional life. It deals with business problems, dental legislation, patient relations, collections, and human interest.

Right now, *human interest* is largely *interest in the war as it affects dentists at home and dentists in the service*. Readers are anxious to have news of other dentists'

experiences at home and at the front. Dental war information is not a thing of merely passing interest to them, but a very vital factor in their lives.

Oral Hygiene is the first dental magazine to send staff members to cover dental training at army and navy camps. It is the only magazine in the dental field devoting major space to dental war pictures. It is the magazine dentists turn to eagerly. It is the magazine they like and read and look forward to. Your advertising space is more valuable than ever before in

Oral Hygiene

THE MAGAZINE WHICH HAS, FOR OVER 32 YEARS, CONSISTENTLY LED IN RESULTS

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Is mouth tissue
PINK?



Well as you know the color of healthy mouth tissue, you cannot precisely describe it, nor reliably match it.

In actual fact, mouth tissue color and texture are a combination of red, blue and yellow. The Kerr Color Analyzer, a magic-eye device of which there is only one in existence, has given us exactly the proportions of these primary colors.

Of course we manufacture Kerr Crystolex to conform precisely to these proportions. So, automatically, your Kerr Crystolex blends into, and becomes apparently part of, your patient's mouth.

Standardize on Crystolex, the denture base of uniformly correct, lifelike color and texture.

KERR DENTAL MFG. CO., DETROIT

Established 1891

KERR

REG. U. S. PAT. OFF.

Crystolex

The Publisher's Corner

By Mass

Number 265



FOR A NOT-SO-VERY-BIG publishing company, ORAL HYGIENE gets lots of mail. Monday mornings especially, the size of the mailbag in front of the elevator makes staff members think they never will get it all answered. But almost always they do, and replies are on their way by sunset the same day.

Of course, a great deal of the mail is pretty easy to answer, but some of it isn't. Saying thanks for space-orders is fun. Admitting printing errors isn't—but even that isn't too hard a job because everyone around the place knows that the best way is to tell the truth as eloquently as possible, and take the rap, whatever it is.

Letters asking for special information are the ones that take time. Sometimes they mean digging into data files, phoning people outside

the office, and reading and compiling a lot of material, and thinking about it a while, and talking it over, before getting down to the "Dear Sir," or "Dear Bill," or "Dear Doctor," as the case may be.

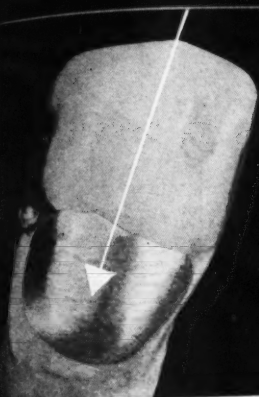
The "Dear Doctor" letters often take the most work. And no matter how much work they are, they don't bring back a dime. (We don't expect them to.) Letters like this to manufacturers and advertising agencies may be written with the cozy thought that maybe they'll help book an order for space some day. But dentists don't buy space. They just say "thanks."

Still, the eagerness to earn their thanks continues even after thirty-two years to be a lively emotion. Of course, at that, there's a bit of subconscious selfishness in it, too. Magazines' soundness and strength are measured by their readers' feeling about them. No reader likes

(Continued on page 910)



AFTER 35 YEARS!



AFTER 40 YEARS!



REASON #7

COURTESY DR. B. H. DUNMIRE

COURTESY DR. W. O. HULICK

WHY GOLD FOIL IS SUCH A WONDERFUL MATERIAL

HOWEVER DURABLE the material of which it is made, a restoration cannot last if the natural part of the tooth breaks down. Obviously, the latter too must stand up unimpaired; it is, as it were, the *foundation* of a restoration, and must be preserved in a sound, healthy condition—must be so restored as to be thoroughly proof against recurrence of decay at the surfaces operated on.

To provide such protection to the natural part of the tooth, it is accordingly essential that, among other requi-

sites, the material be capable also of so high a polish that no food debris will tend to catch and collect on its surface. And Gold Foil, by receiving and retaining as high a polish as that of the enamel itself, fulfills this requisite in the highest degree.

A suitably high polish is thus Reason #7 for the pre-eminence of Gold Foil. Write for others. Simply mail the lower portion of this page with your card or letterhead to Morgan, Hastings & Co., 817-21 Filbert Street, Philadelphia, Pa. Established since 1820.

To prolong the life of a tooth longest — USE GOLD FOIL!

★ *You get these* **FREE**

MODIFYING COLORS

- 15 White
- 16 Dark Yellow
- 17 Brown
- 18 Bluish Gray

**FILLING PORCELAIN
IMPROVED LUBRICANT**

These four generous quantities of Filling Porcelain Improved and a tube of Lubricant are included, without charge, in the 8/2 Replacement Package.



100% color matching efficiency is afforded by the powders in the 8/2 Replacement Package.

The eight tooth colors alone will match 9 out of ten cases without blending.

Filling Improved com
THE S. S. DENTAL M

A SENSATIONAL *Value* FROM EVERY VIEWPOINT

S. S. White Filling Porcelain Improved

8★2

*Replacement
Package*

Contents—

8 TOOTH COLORS, one full portion each

- 20 Pale Yellow
- 21 Light Yellow
- 22 Yellow
- 23 Pale Yellow-Gray
- 24 Yellow-Gray
- 25 Light Gray-Yellow
- 26 Gray-Yellow
- 27 Pinkish Gray

**2 BOTTLES OF LIQUID, full portions
also**

4 MODIFYING COLORS, trial portions

- 15 White
- 16 Dark Yellow
- 17 Brown
- 18 Bluish Gray

1 TUBE OF LUBRICANT

*Ask your salesman
or 'phone your
order today!*

*Value, not including Modifying
Colors and Lubricant* ~~-\$28.00~~

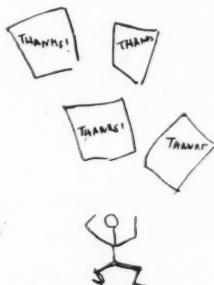
PRICE \$21.65

Filling Improved complies with A.D.A. Specification No. 9

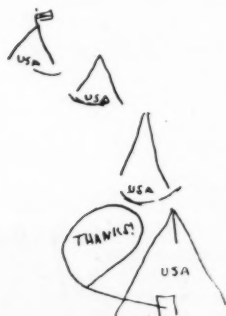
S. S. WHITE MFG. CO., PHILADELPHIA, 5, PA.

(Continued from page 906)

everything in every issue of a magazine, any more than he approves everything his best friend says or does. What counts is the way the reader *feels* about the magazine itself over the years.



The thank-you letters are one way to tell about that. Just now, one came in from an Army Dental Corps lieutenant down in Camp Butner, North Carolina: "Thanks very much for your prompt answer to my appeal for help. I always had a warm feeling for the ORAL HYGIENE magazine, from my student days until now. Your willing aid has strengthened that feeling."



The truth is, it happened that furnishing the information the lieutenant urgently needed didn't really overwork the staff member who had replied to the letter. But ORAL HYGIENE's answer meant a lot to a busy, harassed Dental Corps officer.

Actually, ORAL HYGIENE profited most from the incident. The lieutenant's problem isn't one any more. But a magazine's job of keeping its good will fresh and sweet as new-churned butter may never safely be slighted. For a magazine isn't just paper and ink and stitches, articles and pictures. The *feeling* its readers have about it is what counts most.



(Last month and this, the CORNER has been illustrated, if you can call 'em illustrations. Originally, these little pictures were doodled on the manuscript as suggestions for the artist; but Ed Ryan and Sam Stanley and Jack Downes and Dorothy Sterling insisted: "Put them in the way they are!" Some sort of plot to mortify me, no doubt. Privately, I think that the drawing is terrible, don't you?)

FOR CHILD

4. CEREALS to which child's vitamins come.

10 min Vi-Pent cont

7 ways TO GIVE INFANTS AND CHILDREN THEIR DAILY VITAMIN REQUIREMENTS

FOR INFANTS:



1. FORMULA—one of the easiest ways to give vitamins is to add Vi-Penta Drops to the baby's formula or milk.



2. ORANGE JUICE, tomato juice, or any fruit juice makes an excellent vehicle for Vi-Penta Drops.

FOR CHILDREN:



3. MILK. The flavor of even such a bland food as milk is not affected by the addition of Vi-Penta Drops.

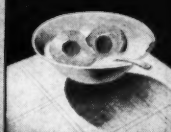
FOR CHILDREN cont'd:



4. CEREALS are good bases to which to add the child's needed additional vitamins at breakfast time.



5. VEGETABLES, served with the noon or evening meal, can be enriched with Vi-Penta Drops, too.



6. FRUITS. Vi-Penta Drops seem to have a natural affinity for stewed fruits—apricots, apples, prunes, etc.



7. DESSERTS. Many mothers enrich desserts and puddings with Vi-Penta Drops.

... using easy-to-use Vi-Penta Drops that do not affect the flavor of food

Here is a remarkable liquid multivitamin preparation which makes it possible for the dentist to prescribe a liberal vitamin regime that the mother can easily carry out. Not only do Vi-Penta Drops contain 5 principal vitamins (see chart), but these drops also possess the remarkable advantage of mixing readily with various foods, *without affecting the taste*. When you prescribe Vi-Penta Drops, suggest their use in the several ways pictured here. Mothers will appreciate the information.

Vi-Penta Perles—tiny gelatin globules, each containing the same amount of the vitamins as 10 minims of the Drops. Supplied in packages of 25, 100, and 250.

VI-PENTA DROPS 'Roche'

Hoffmann-La Roche, Inc., Nutley, N. J.

Supplied in 15-cc glass vials with calibrated droppers. Also 60-cc unit package containing four 15-cc vials.



10 minims of
Vi-Penta Drops
contain:

A
4000 U.S.P.
units

B₁
333 U.S.P.
units

B₂
100 gamma
riboflavin

C
500 U.S.P.
units

D
400 U.S.P.
units



NOVOCAIN-COBEFRIN

FOR PROFOUND ANESTHESIA OF NORMAL DURATION

NOVOCAIN-PONTOCAINE-COBEFRIN

FOR PROFOUND ANESTHESIA AND PROLONGED OPERATING TIME

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COOK-WAITE SOLUTIONS SAVE WORRY WHILE THEY CONSERVE YOUR TIME

cal anesthesia..

To inject a solution with any less than the highest available margin of safety is to take a chance. No formula should be used for any patient — no matter what his health status — that could not be used with impunity for difficult anesthetic risk.

So when you rely, as you are doing now, on more frequent use of a local anesthetic to conserve time and energy for more patients, put *safety* and *efficiency* first. Choose Cook-Waite solutions containing Cobefrin — Novocain with Cobefrin, or Novocain-Pontocaine with Cobefrin.

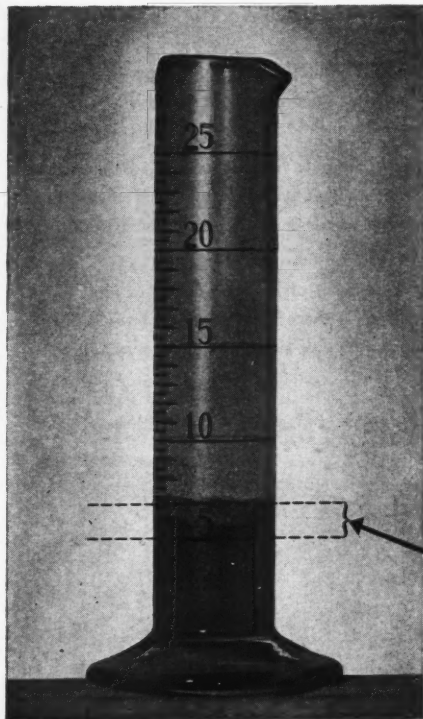
Even in the latter solution — which, because of its Pontocaine content, extends profound anesthesia over a longer time — there is no change in vasoconstrictor concentration . . . therefore, the responsibility of side reactions is minimized.

COOK-WAITE
Laboratories, Inc.



170 VARICK STREET, NEW YORK, N. Y.
Laboratories: Rensselaer & Springville, N. Y.

LIQUID BULK UP 34% WITH SAL HEPATICA SOLUTION



SAL HEPATICA has steadily gained in popularity with the profession as a reliable relief in constipation. There is no more effective way of flushing waste from the intestinal tract than by the use of the *liquid bulk* which *Sal Hepatica* solutions provide . . . for gentle, prompt and thorough laxation.

New and striking experimentation backs known facts on the ability of *Sal Hepatica* to introduce *liquid bulk* into the bowel. When *Sal Hepatica*, in laxative solution, was placed in the isolated ileum of a dog, there was a gain of 34% in liquid volume after the loop remained in the peritoneal cavity for one hour.

Dentists find *Sal Hepatica* helpful during the treatment of Periodontoclasia, Pulp Infection, Vincent's Angina, Chronic Abscesses, Retained Root Fragment and Sinus Involvement. Send for literature on palatably effervescent *Sal Hepatica*.

Volume of *Sal Hepatica* solution (laxative strength) went up 34% after one hour in ileal loop of dog. Cathartic solution gained 204% volume in same test.

SAL HEPATICA

SUPPLIES **LIQUID BULK** TO FLUSH
THE INTESTINAL TRACT

Bristol-Myers Company, 19 L West 50th St., New York, N. Y.





Make the Gift Worth the Giving

Your gift of Camels to a service man has this to commend it:

First, cigarettes are the gift keenly appreciated in the armed forces.

Second, Camel is the brand the men say they prefer above all others.*

So make your gift Camels—the cigarette millions favor among

all brands for smooth mildness, mellow, appealing flavor.

Send Camels by the carton—the way they're featured at your dealer. See or telephone him today.

*With men in the Army, Navy, Marine Corps, and Coast Guard, the favorite cigarette is Camel. (Based on actual sales records in Post Exchanges and Canteens.)



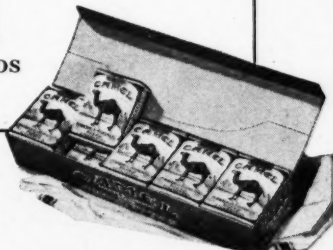
Camel

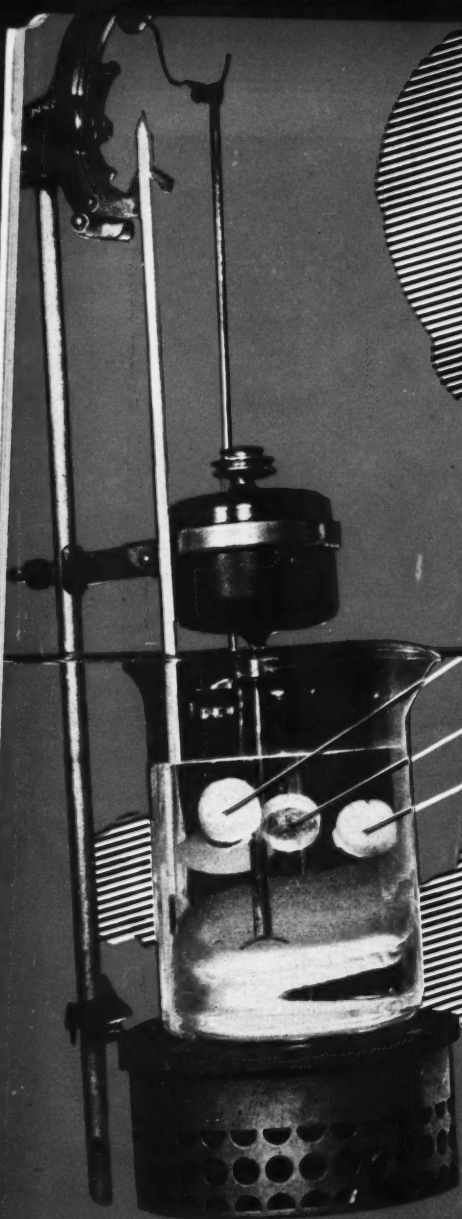
COSTLIER TOBACCOS

BUY WAR BONDS AND STAMPS

New reprints available on cigarette research—Archives of Otolaryngology, February, 1943, pp. 169-173—March, 1943, pp. 404-410. Copies on request.

Camel Cigarettes, Medical Relations Division
1 Pershing Square, New York City





VERNON

makers and distributors

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WE Boil 'EM IN OIL!

It's true, dentures are not boiled in oil, but just the same, our researchers boil samples of acrylic denture material in oil as a chemical stability test. It's a brutal thing to do, but since we pay more for VERNONITE'S ingredients than others pay for ordinary commercial acrylic resin, we expect VERNONITE to stand up to tests that other materials fall down on—tests such as this hot oil torture.*

A molded disk of transparent VERNONITE is hung in an oil bath along with identical transparent disks of other denture materials, and the temperature run up.

The close-up above shows three typical specimens after the test. In the center is the VERNONITE disk practically unchanged in clarity and dimensions. At right and left are the disks that couldn't take it—foamy, swollen and opaque. They couldn't take it because they were made from commercial resin, and commercial resin—alas!—is plasticized. And plasticizer cuts down stability by inhibiting polymerization.

In terms of dentures—well, one made of plasticized resin *looks* just as good as the non-plasticized when new. But then these three disks looked just alike a few minutes before this picture was taken, too.

VERNONITE ingredients cost us more because they are specially made for us by the Rohm & Haas Co. to our specification. Their manufacture requires more time and pains, and the volume is less than in the case of the commercial acrylic resins.

ROHMSHOFF CO.

P. O. BOX 1587
PITTSBURGH, PA.

pure methacrylic VERNONITE

DU PONT WRITE



Here a polarograph interprets in graphic form the quality of the material under examination. This is only one purity test to which Du Pont raw materials have been subjected.

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A REPORT CARD **ON PURITY**

DU PONT technicians use a *polarograph* to study and record the purity of many chemical products. This is one of several ultra-sensitive machines used by Du Pont to detect any impurities which might influence the hardness, the strength or the appearance of materials, such as "Lucitone" methyl methacrylate denture resin.

Other ingenious machines have tested "Lucitone" in many ways. "Mechanical jaws" determined hardness and tensile strength. Accelerated weathering machines have checked the permanency of color. And abrasion machines, acidity tests and spectrophotometers all give you further assurance that Du Pont products formulations are "right".

All these tests mean one thing to you and your patients. They mean that "Lucitone", developed specifically for dentistry, measures up to the highest professional requirements. They mean that, for all your acrylic dentures, you may specify "Lucitone" with confidence.

★ ★ ★

"LUCITONE" is the trade mark on the only methyl methacrylate resin denture base material completely processed by Du Pont. "Lucitone" is distributed solely by The L. D. Caulk Company, Milford, Delaware.



"LUCITONE"

Better Things for Better Living . . . Through Chemistry

The Professional Favorite for over 30 years



WILSON'S

THE PERFECT **CO-RE-GA** ADHESIVE FOR DENTURES
(POWERED)

TWIN FILLING AND PACKAGING MACHINES • CLEVELAND PLANT

Machine on the right fills and packages samples for the exclusive use of the Dental Profession { Minimum capacity 7,200,000
40 hour week—50 week year

During all the intricate production operations, milling, refining processing, packaging, CO-RE-GA is never touched by human hands.

Produced from the
finest selected materials—edibly pure.

PLEASE SEND FREE SAMPLES FOR PATIENTS

Dr. _____


DOCTOR!

THIS COUPON IS FOR
YOUR EXCLUSIVE USE

COREGA CHEMICAL COMPANY
208 ST. CLAIR AVE., N. W. • CLEVELAND, OHIO

CO-RE-GA is not advertised to the public

rite
ears



Make your next anterior restoration with porcelain incisals

If you want to see a patient *really* enthusiastic over an anterior restoration, make the case with translucent porcelain incisals! Then, Doctor, both you and the patient will experience a real thrill. For Steele's porcelain-incisal New Hue facings make anterior restorations appear as *individual* natural teeth—even to the lifelike sparkle. This advance in esthetics is appreciated by *all* classes of patients. Make your next bridge with Steele's New Hue facings with porcelain-incisals and note the patient's double satisfaction with a restoration that is both serviceable *and* completely natural!

A very simple technic is recommended for Steele's porcelain-incisal New Hue anterior facings. The new technic, though easily followed, is *highly important*. This technic, with the reasons for it, is concisely set forth and well illustrated in the Steele's New Hue Technic Book. Write for your copy today.



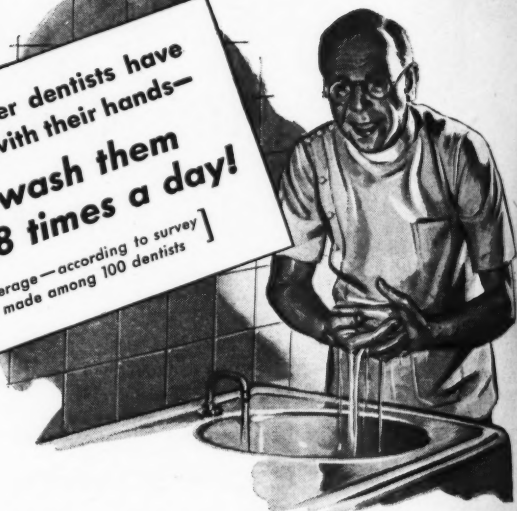
Steele's

THE COLUMBUS DENTAL MFG. CO. • COLUMBUS, OHIO

★

No wonder dentists have
trouble with their hands—
**They wash them
28 times a day!**

[Average—according to survey
made among 100 dentists]



Read how scores of dentists help heal **ROUGH, IRRITATED HANDS!**

ACTUAL figures in a recent survey made among dentists, reveal that they wash their hands on an average of 28 times a day! No wonder their hands get red, rough, irritated. And that's why unsolicited letters from scores of dentists can mean so much to YOU. For they write that they use Medicated Noxzema Skin Cream frequently during the day to help keep their hands smooth.

One reason Noxzema is so effective for your hands is because it's a *medicated formula* that not only soothes and softens rough, irritated skin, but also helps *heal* the tiny "cuts" and cracks that often go

with chapped hands.

Try it for *your* hands. And try Noxzema Specially Prepared for Shaving, too, either before lathering or as a brushless shave. See how it helps soften tough beards, protect sensitive skin—and what a grand, smooth, easy shave it gives you.

NOTE: If you've never used Noxzema before, we will be happy to send you a full-size jar without obligation. Just write Noxzema Chemical Company, Dept. E-14, Baltimore, Maryland.



The REVELATION FORMULA



A NEW outer dress does not indicate change in a person's character. Many an old product, tried and true, is appearing in a new container. So it is with Revelation Tooth Powder, now in its new war time package. You may be sure that there will be no change in the basic formula, for it is zealously guarded. This formula is, quite obviously, the intrinsic value . . . the success of Revelation as a safe, efficient dentifrice. The familiar label, bearing "Revelation Tooth Powder" is your assurance that it is *the* Revelation as you and your patients have always known it.

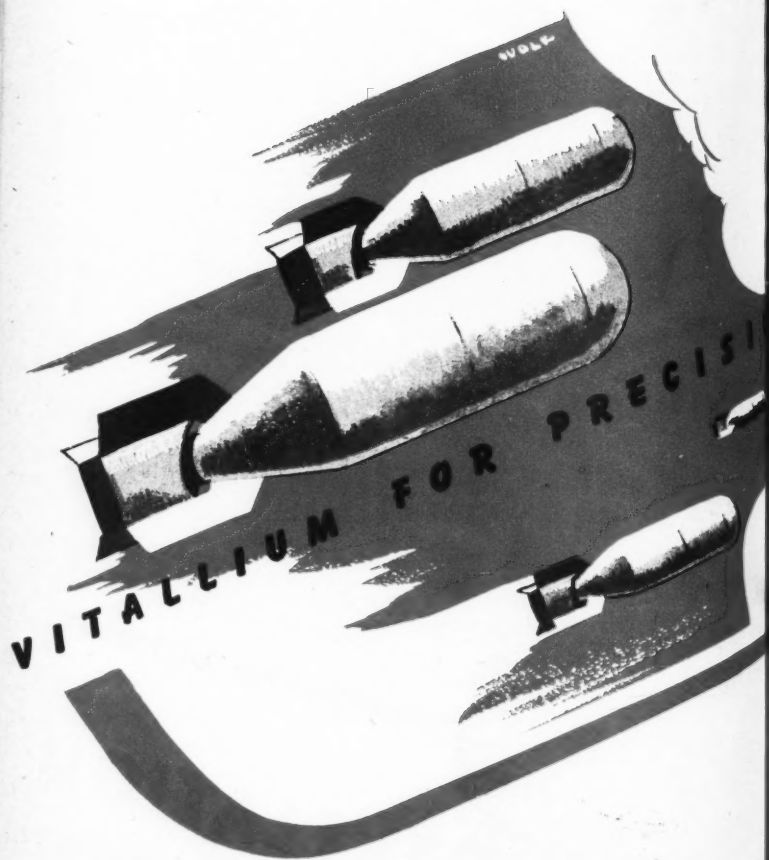
AUGUST E. DRUCKER CO. • SAN FRANCISCO, CALIF.



REVELATION TOOTH POWDER

•
BUY
WAR
BONDS
•

new metal-saving
package. No change
in basic formula.



Precision in the processing of dental restorations—precision in the man-

Precision in the processing of dental restorations—precision in the manufacture of vital castings—to help win the war!

For ten years, the Microcast process in conjunction with the physical properties of Vitallium has given the Dental Profession castings for full and partial dentures of *dimensional precision that was regarded as unattainable in the preceding decade.*

Now this same Microcast process, developed solely for dentistry, is producing vital war castings of Vitallium that set the standard for precision. For precision, specify Vitallium.



TRADE MARK REG. U. S. PAT. OFF.

NEW YORK AUSTENAL LABORATORIES, INC. CHICAGO

Conserve Chair Time—Send your cases to a
VITALLIUM LABORATORY



FOUNDED ON
*Quality
Ethics
and
Good Will*

Not advertised to the public

Cleansing Powder . . .

Used as a solution for removing stains and thoroughly soak-cleansing dentures made of vulcanite, acrylic and other pink materials. Helps to keep artificial teeth lustrous.

Dental Plate Container . . .

Holds full set of upper and lower dentures. Used as denture bath with Nyko Cleansing Powder in solution.

Denture Cleanser . . .

A paste for cleaning and polishing dental plates made of gold or other metals. Maintains lustre.

Nyko Brushes . . .

Two sizes for bridge and clasp dentures and two styles for full plates. Scientifically designed in accord with advice from leading dentists.

BASIC TRAINING in denture use is a critical period . . . especially where immediate dentures are involved. Highest skill may be offset almost overnight by changing tissues; by sore spots and irritations that wreck patient cooperation . . . with resultant dissatisfaction and loss of valuable chair time on frequent and sometimes futile adjustments.

MANY DOCTORS successfully bridge this hiatus by recommending Nyko Adherent Powder for its purity, quality, and superior adhesiveness . . . for its friendly cushion of comfort, and for the confidence it imparts by gently retaining the denture.

NYKO ADHERENT POWDER is completely free from bleaching, medicating, or other adulterous agent. It contains only pure Karaya Gum slightly flavored with oil of peppermint . . . *Nothing Else.*

Like all other Nyko products, Nyko Adherent Powder owes its national distribution to recommendation by the Dental Profession. *May we send you our generous size Professional Sample Package?*

Nyko

INCORPORATED

415 W. CHICAGO AVE.

CHICAGO

Oral Hygiene

VOL. 33, NO. 7

JULY 1943

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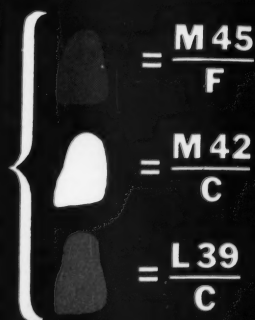
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Advanced practice

These colors key the transposed set-ups on the chart shown below. The three sets from which the transposed set-ups are assembled are illustrated in corresponding key colors in the left-hand column. Your Universal dealer will be glad to demonstrate the system to you.



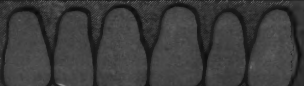
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UNIVERSAL DENTAL COMPANY

transposed" laterals...

You know how frequently centrals appear in a natural dentition with laterals of different size, shape or color.

To reproduce these "variations" of laterals as they occur in nature, it is necessary to *imitate* nature by varying lateral tooth *forms* and frequently *color*! Natural dentitions cannot be reproduced in dentures solely by elevation, rotation or overlapping in irregular arrangements.

The system of transposing laterals is new and unusual—you'll see vast esthetic improvement in the first set-up you make. The practice has been consolidated into the practical prosthetic system made possible by Five-Phase Anteriors. They are the only teeth which permit laterals of different sizes to be transposed—because proximal surfaces of all teeth are provided with co-acting contours and because all Veri-chrome natural tooth colors have *controlled color brilliance*!

FIVE-PHASE A N T E R I O R S

...are the only artificial teeth that faithfully reproduce the natural tooth forms, varied labial surface markings, colors and texture. They are carved to the *true anatomy* of human teeth, not to a *conception* of what teeth should appear to be. This esthetic advance is at once obvious when the case is tried in the mouth.

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*Gabriel Heatter, famous news commentator,
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listeners Tuesday and Thursday nights.*

**HOW 95% GINGIVITIS CASES
IMPROVED IN 30 DAYS**

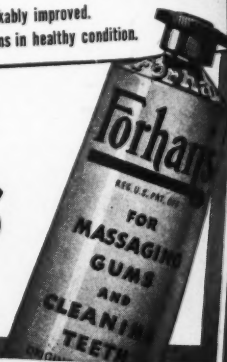
Clinical investigation shows that individual dental examinations were made with hundreds of patients. Approximately half of these patients were first given prophylaxis. ALL were instructed to massage their gums twice daily with Forhan's Toothpaste for a 30-day test period. Results showed:

- 95% of those having Gingivitis were remarkably improved.
- 100% of those having normal gums maintained gums in healthy condition.

Won't you please indicate

Forhan's
with massage

For Firmer Gums—Natural Sparkling Teeth



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Picture of the Month



PHOTOGRAPH SHOWS a number of men from the Headquarters Squadron of the 14th Air Depot Group assembled before the orderly tent for a periodic dental checkup. Photograph submitted by Captain Jesse J. Greenberg, (DC), Group Dental Officer, Kelly Field, San Antonio, Texas who says, "Standing to my right and seated at the table to my rear are two dental assistants, both of them corporals, while before the patient and myself stands the Squadron Commander who looks on approvingly."

Ten dollars will be paid for the picture used in this department each month. Send your contributions with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.





RANK without AUTHORITY







**The Story of the Handicaps under which the
Dental Corps of the Army and Navy operate.**

By EDWARD J. RYAN, D.D.S.

THIS IS A TIME for plain speaking concerning the Dental Corps of the Army and Navy. Before the year is out there will be about 22,000 dentists from civilian life in the military service. This number represents about a third of the active dental practitioners of the country. These dentists in the Service are doing a magnificent job for the health of our soldiers and sailors. Dental clinics in many Army and Navy stations are open sixteen hours a day and the dental officers frequently work in two shifts. An example of the volume of dentistry done by the Army is seen in the pro-

duction for the year 1942. In that year the Dental Corps of the Army cared for 4,319,506 soldiers during a total of 13,009,292 appointments. This remarkable showing is despite the serious handicaps under which the Dental Corps of the Army and Navy operate. Some of these handicaps should be brought to the attention of the Secretary of War and the Secretary of the Navy for immediate corrections. If a remedy is not forthcoming the situation will warrant Congressional action.

At the top of any list of impediments is a readily correctible one; namely, the domination of the Den-

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tal Corps by the Medical Corps. The situation in this respect is the same for the Army and the Navy. In no other branch of the Service does one Corps have jurisdiction over another. The Quartermaster Corps has no authority whatever in the administration of the Corps of Engineers, for instance.

The Navy Regulations specifically state: "The Dental Corps is a part of the Medical Department of the Navy, although separate and distinct from the Medical Corps." (Manual of the Medical Department, USN, Chapter 3, page 13). Does not "separate and distinct" mean that the two Corps are separate and independent of each other, so that dental officers should be free from medical officer domination and authority?

Discouragement among dental officers and any inefficiency in dental service arise in large part from the knowledge that the Dental Corps of the Army and Navy are lacking in autonomy and authority. Rather than being of an equal status with the other corps in the Medical Department of the Army or in the Bureau of Medicine and Surgery of the Navy, the Dental Corps is under the domination of medical officers, and rather than being a "service," such as other medical services under the Surgeons General, dentistry is merely a division of a medical service. Dental officers, not being recognized as heads of departments, are denied privileges enjoyed by officers greatly junior to them. The ranking dental officer

should carry the title and the administrative authority of Chief of Dental Services.

From the Record



In searching the government publications, such as the Acts of Congress, the Army and Navy Regulations, Military Laws of the United States, there is no evidence found that justifies the usurpation of authority from the Dental Corps by the Medical Corps. There are, however, specific government citations that for convenience have been ignored by the Surgeons General in administering the affairs of the Dental Corps. This usurpation of the prerogatives of the Congress by staff officers of the Army and Navy is a matter of concern. Under date of October 6, 1917, the Congress of the United States passed the Act that provided the following:

"Hereafter the Dental Corps of the Army shall consist of commissioned officers *of the same grade and proportionally distributed among such grades as are now or may be hereafter provided by law for the Medical Corps*, who shall have the rank, pay, promotion, and allowances of officers of the corresponding grades in the Medical Corps, including the right to retirement as in the case of other officers . . ." [U. S. Statutes at Large, 65th Congress, Ses. 1, Chs. 101-103 (1917) p. 397. Italics ours.]

It is significant that the Army Regulations delete and mark with *** the extremely important phrases, "*of the same grade and*

proportionally distributed among such grades as are now or may be hereafter provided by law for the Medical Corps." [AR 40-15, December 28, 1942.] Who is responsible for this change?

The law of October 6, 1917 has never been repealed or amended. It is still a law on the statute books of the country, but is a law ignored and the intent has been changed by the adroit deletion by the Army Regulations. This Act of Congress means only one thing: that the Dental Corps of the U. S. Army is on an equal footing with the Medical Corps.

Let's look at the record with respect to rank: In the Army Dental Corps the heavy proportion of officers is in the grade of First Lieutenant with very little rank in the top grades. The Medical Corps, on the other hand, is heavy with officers in the upper grades and comparatively light in officers of the lower grades. As of December 1, 1942, 70 per cent of the officers in the Dental Corps were in the grade of First Lieutenant whereas only 45 per cent of the officers in the Medical Corps were in that grade. Although the Medical Corps is about three and a half times larger than the Dental Corps, the Medical Corps has thirty-two officers in the grade of General; the Dental Corps has one. The one General in the Dental Corps is in charge of more than 13,000 officers—more officers than there are soldiers in an Army division.

Obviously there is a disproportion

tion in rank and consequently in promotion in the Dental Corps as compared with the Medical Corps, although such disproportion is contrary to an Act of Congress. Some of this responsibility for this unequal allocation of rank can be laid directly at the door of the Surgeon General of the U. S. Army. This matter had been called to the attention of the former Surgeon General but so far no corrective measures have been taken. The new Surgeon General, Norman T. Kirk, is known in the service as a friend of the Dental Corps. It is hoped that one of his first acts will be to suggest more administrative independence for the Dental Corps and to assure that the officers of the Dental Corps will be "proportionally distributed among such grades as are now or may be hereafter provided by law for the Medical Corps."

A Congressional measure to correct the inequalities in the Dental Corps with respect to General officers came on April 8, 1943, when the Honorable John J. Sparkman, Congressman from Alabama, introduced HR 2442 in the House of Representatives which provides for the emergency appointment of a Major General to be Chief of the Dental Division, and other officers in the grade of Brigadier General in the ratio of one such officer in the Dental Corps for each six in the Medical Corps in the same grade. This would provide at least five Brigadier Generals, Dental Corps, according to the present strength

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of the Corps. This legislation should receive the energetic support of the dental profession. To establish parity with the Medical Corps, however, higher rank should also be given to officers in the grades of Colonel, Lieutenant Colonel, Major, Captain, in the percentages to give actual parity with such distribution of rank in the Medical Corps.

Formerly in tactical units (medical battalions and medical regiments) the dental officer was destined to remain a First Lieutenant so long as he remained in a combat unit. In the Tables of Organization of the Army there was no provision for his promotion despite his length of service or his efficiency as an officer. He was frozen in the grade of First Lieutenant, whereas his medical colleagues had the opportunity for promotion through the various grades up to and including that of Colonel. On March 1, 1943, the War Department agreed to change the Tables of Organization to provide for Captain or Lieutenant, Dental Corps, in a medical battalion or regiment. This is a distinct improvement in the Tables of Organization and one that should be a source of gratification to dental officers now serving with combat units.

In the case of station dental clinics, too few officers in the higher grades are assigned for duty, considering the responsibilities involved and the services required as compared with similar responsibilities in the Medical Corps. The

fixed dental installations include three categories of clinics:

D.C.No.1 (25 chairs, 1 x-ray unit)

D.C.No.2 (15 chairs, 1 x-ray unit)

D.C.No.3 (8 chairs, 1 x-ray unit)

A fair distribution of rank would be:

| | D. C. No. 1 | D. C. No. 2 | D. C. No. 3 |
|--------------------|----------------|----------------|----------------|
| Lieutenant Colonel | 1 | 1 | 0 |
| Majors | 4 | 3 | 1 |
| Captains | 11 | 6 | 3 |
| First Lieutenants | 9 | 5 | 4 |
| | — | — | — |
| | 25 | 15 | 8 |

The Medical Department of the Army, not the Medical Corps, is charged with the production, assignment, storage, issue, and maintenance of all supplies and equipment used by the Medical Department [AR 40-5 2B (10), December 31, 1924]. Although this Army Regulation definitely says that the Medical Department has this charge, in actual practice most of the procurement, storage, and issue of dental supplies is undertaken by Medical Corps officers. This situation is true in both the Army and Navy. In the Navy the Regulation reads: "Requisitions for dental property will be made by the medical officer, and in so doing will be guided by the recommendations of the dental officer." [U. S. N. Regulations, Chapter 32, Article 1183.] Dental officers in charge of a dental installation who need burs, cement, alloy, or other equipment must have their requisitions approved by a medical officer who invariably knows nothing whatever about dental needs or

WE NEED FREE DISCUSSION NOW

"We are entering a phase of the war effort when we must streamline our activities, avoid duplication and overlapping, eliminate interdepartmental friction, make decisions with dispatch, and keep both our military machine and our essential civilian economy running in team and at high speed."—*Franklin D. Roosevelt.*

"Military experts, as well as our leaders, must be constantly exposed to democracy's greatest driving power—the whiplash of public opinion, developed from honest, free discussion."—*Wendell L. Willkie in "One World."*

dental materials. There is nothing in the training of the physician that would prepare him to determine what dental instruments or supplies are necessary or serviceable. This ignorance among medical officers has resulted in gross inefficiency. An example of this is shown in an order released by a Medical Corps Colonel in the Office of the Surgeon General threatening to "freeze" dental burs unless the civilian holders of burs gave up their supplies. This charge of hoarding was made without investigation, without evidence to substantiate it, and was withdrawn only after strong protest from officers of the American Dental Association.

No purpose would be served by writing an article that was destructively critical. This article is prepared as a tribute to the Army and Navy Dental Corps which labor so well under opposition from another

Corps which should be expending its energies on its own multitude of functions. Each one of the more than 4 million soldiers treated by Army dental officers in the year 1942 had his health, appearance, and comfort improved. This improvement will make him a better soldier to function in the theaters of war. The dental officer performs a superlative service in making a soldier or sailor physically ready for actual combat.

The charge is often made that the dental services in the Army and Navy are concerned essentially with extraction of teeth. That falsification can be put to rest immediately when we see that for 1942 there were 3,202,781 extractions performed in the Army, whereas the total number of permanent fillings inserted was 7,830,688. Furthermore, dentures, crowns and bridges were constructed to replace

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980,769 missing teeth. The greatest single improvement in the quality of Army dental care is noted in the increase in the number of teeth replaced. In 1942 the Army Dental Corps replaced with dentures and bridges 29 per cent of the total number of teeth extracted. For the first three months of 1943 the replacement percentages have risen as follows: for January 58 per cent of the teeth removed were replaced; in February 72 per cent were replaced; in March, the spectacular figure of 81 per cent was reached. This figure is undoubtedly higher than the replacement ratio in civilian practice. In March, 1943, one month, more than 55,000 dentures were constructed by the Army Dental Corps.

Again, quoting from the record, we find such contradictory information and discriminatory rulings as this: Although the Dental Corps is "charged with the conduct of the dental service of the Army" [AR 40-5], we find in actual practice that the dental affairs of the Army in the Surgeon General's Office are administered as a division of another medical service. This organization of the Surgeon General's Office filters down through the Service Commands in which the chief dental officer is not the head of the dental service but is an assistant to the chief of the Medical Branch who must approve of all the activities of the dental officer. This situation likewise prevails in the Navy. Formerly in the Navy the chief of the Dental Division dealt directly

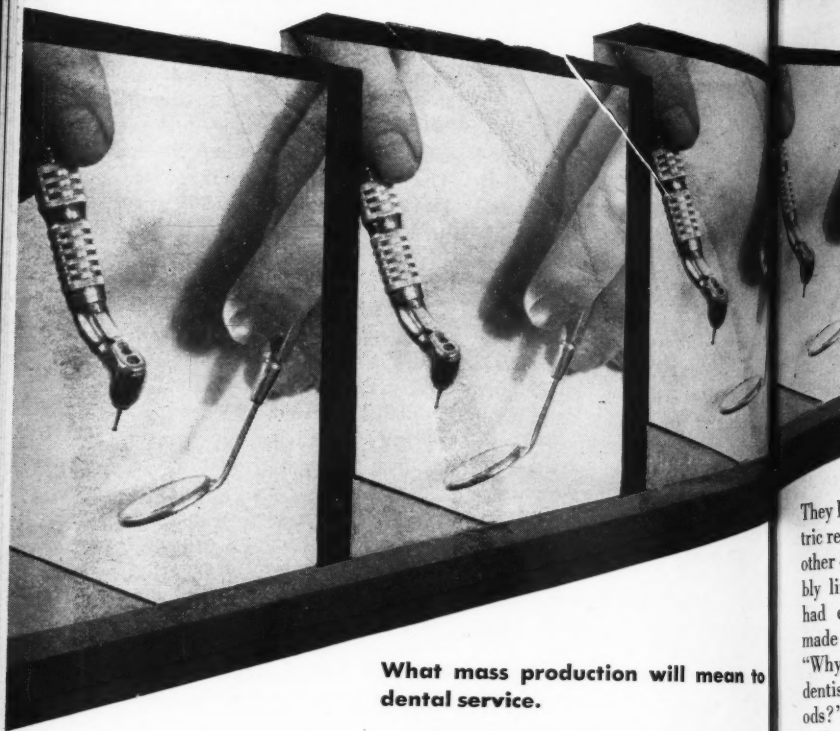
with the Surgeon General. This organization has been altered, so that the Dental Division has been subordinated administratively not only to the assistant chief of the Bureau of Medicine and Surgery but also to lower ranking medical officers. The organization of the Navy Dental Corps will be discussed in greater detail later in this article.

Army Regulations also provide that "only officers of the Medical Corps will command Medical Department organizations dealing with the treatment, hospitalization, and transportation of sick and wounded personnel, except temporarily in an emergency when no medical officer is available." [AR 4-10-C-1, July 25, 1935.] This could be interpreted to mean that station dental clinics which are Medical Department organizations for the treatment of the sick might not even be under the command of dental officers as they now are. This whole subject of command and authority needs immediate clarification.

We find also that in the case of a medical supply depot, command may be assumed by any Medical Department officer *except a dental officer*. This means that an officer of the Medical Corps, Veterinary Corps, Sanitary Corps, or Medical Administrative Corps might command a medical supply depot, but this command would be denied to a dental officer. In practical function, this is what might occur: A Major in the Dental Corps with a

(Continued on page 962)

PRODUCTION - LINE



What mass production will mean to dental service.

IF YOU HAVE not read the editorial,¹ entitled "What—No Robots?" in the April issue of ORAL HYGIENE, you should. The Pepper Committee of the U. S. Senate has published a plan for revising the practice of dentistry. It is evident from the way *Time* magazine and the *New York Times* handled the news of this plan that they were rather favorably impressed by it; that they failed to see how utterly impractical it is.

¹Editorial, What—No Robots? ORAL HYGIENE 33:490 (April) 1943.

In the limited space at my disposal here, I can hope to do no more than give a strong indication of the essentially faulty and irresponsible nature of the plan. To point out all its stupidities would require more space than this whole magazine affords. And that is simply a statement of fact, not an outburst of indignation.

Let us start by admitting that the people of this country would like to have *production-line dentistry*—or at least they think they would.

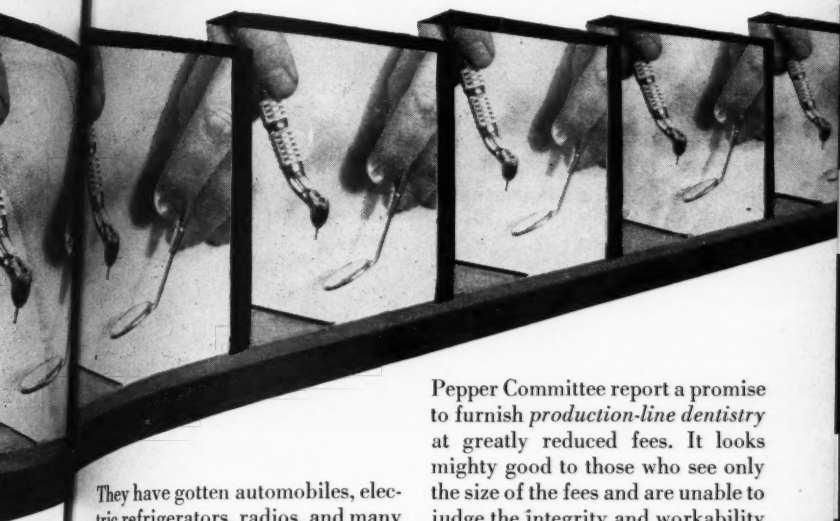
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NE DENTISTRY

By HOWARD R. RAPER, D.D.S.



They have gotten automobiles, electric refrigerators, radios, and many other desirable things off an assembly line that they could not have had except for the lower prices made possible by mass production. "Why," the people ask, "doesn't dentistry adopt the same methods?"

Our answer to this question has sounded too much like: "We won't do it." We have feared to say, "We can't do it," knowing full well that the retort would be something like: "You can too. There is no such word as can't. You could if you wanted to."

There is a sure-fire formula for winning at least temporary attention and approval: Look for a great human need or desire, then claim you have what is wanted to satisfy it—whether you have or not. So it is not surprising that we find in the

Pepper Committee report a promise to furnish *production-line dentistry* at greatly reduced fees. It looks mighty good to those who see only the size of the fees and are unable to judge the integrity and workability of the plan.

Must Analyze Plans

We need not only to reject plans, such as the one proposed by the Pepper Committee report, but to show why we cannot and should not accept them. I shall limit my analysis of the plan to the fees charged and the time required to make and set inlays. Doctor Ryan points out, in his editorial,¹ that the fee amounts to about \$2 per inlay, and the estimated time for making it is 30 minutes. I shall pass lightly over the fact that the cost of the gold in an inlay may amount to \$2 or more, and proceed to a consideration of the element of time.

At this point I refer you to a consideration of the accompanying illustration showing the technical

STEPS IN

Series A—Poor Amalgam Restoration

Step 1: A large round dental bur is swished about in the cavity, removing a part, but only a part, of the diseased tissue. Time required, 10 minutes. Step 2: Amalgam, known to the public as "silver," is daubed into the cavity and the restoration is completed. Time, 10 minutes. *Average Total Time: 20 minutes.*

Series B—Good Amalgam Restoration

Step 1: All diseased tissue, and all tissue especially susceptible to disease, is removed. Time required, 1 hour. Step 2: A bland base of cement is now placed in the deeper parts of the cavity to protect the pulp, and the cavity preparation is completed. Time, 25 minutes. Step 3: A metal matrix is adjusted so that the restoration may be inserted under the necessary pressure and the tooth form maintained. Time, 10 minutes. Step 4: The amalgam is now packed into the cavity. Time, 10 minutes. Step 5: The restoration is carved to conform to the precise anatomy of the tooth and is then polished. Time, 15 minutes. *Average Total Time: 2 hours.*

steps required to restore teeth either with amalgam or an inlay. *Series A* indicates that a very poor amalgam restoration may be inserted in as

Series C—A Good Inlay

Step 1: All diseased tissue, and all especially susceptible to disease, is removed. Time required 1 hour. Step 2: A bland base of cement is now placed in the deeper parts of the cavity, to protect the pulp and obliterate the undercuts, and the cavity preparation is completed. Time, 30 minutes. Step 3: An impression and die may be made at this point so that the task of carving the inlay to the anatomic form of the tooth may be done in the laboratory. Time, 20 minutes. Step 4: The inlay is carved in wax to conform to the precise anatomy of the tooth. Time, 25 minutes. Step 5: The wax model is now invested in a mould and cast in molten gold. Time, 15 minutes. Step 6: The rough casting is now finished, adjusted to the cavity, set in place with cement, and adjusted to the biting peculiarities of the teeth. Time, 30 minutes. *Average Total Time: 3 hours.*

In the event of failure at any of the foregoing steps, it may be necessary to make the inlay over in which event 1½ hours should be added for each makeover.

Acknowledgment is made to Doctor J. G. Manser, who made models used in this illustration.

short a time as 20 minutes. *Series B* indicates that about 2 hours are required to place a good proximal-occlusal amalgam restoration. And

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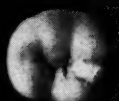
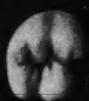
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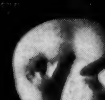
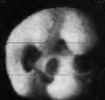


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SERIES A—Poor Amalgam Restoration.

Time: About 20 minutes.



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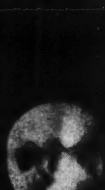
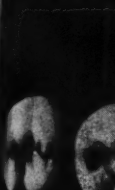
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SERIES B—Good Amalgam Restoration.

Time: About 2 hours.



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SERIES C—A Good Inlay.

Time: About 3 hours.

Series C indicates that it takes about 3 hours to place a good inlay.

The time requirements indicated here are based on one-man effort. What happens now if, instead of one man giving the entire service,

several men are lined up in a row to do it? Would that reduce the time required to make and set an inlay from 3 hours to 30 minutes? The answer is—it would not. It is doubtful if it would reduce it at all, for the time required for each

step would remain substantially the same.

Some procedures lend themselves readily to assembly-line methods; others do not. Too many men on a production line do the same thing to production that too many cooks do to the broth. The placing of restorations in teeth does not lend itself to bucket-brigade methods. Of the numerous methods of restoring teeth, it is only in the case of the inlay that the steps in the procedure may be divided without creating confusion. And the limit of this division lies between service at the chair and in the laboratory—a system which is already employed by many dentists.

Service For Each

Each new patient seated in a dental chair requires a new, clean set-up. Instruments and the dentist's hands cannot be used on a moving string of patients, one after another, without cleansing, although the same dirty monkeywrench may be used on the moving units of an assembly line. And there are other drawbacks to the system that cannot be discussed fully here.

The particular point I wish to make, however, is that the time of 30 minutes to make and set a proximooclusal inlay is absurd, whether the service be performed by one or several men. Even inlays for the simpler cavities cannot be made in 30 minutes, and the average time for all classes is far above that figure. I base my analysis on the prox-

imooclusal inlay because there are more of this type made than any other.

The plan published by the Pepper Committee was, I blush to say, concocted by a dentist. But no matter who devised it, it still does not make sense. There are five or six steps in the making of an inlay. The accompanying illustration shows six. To complete the service in 30 minutes allows only 5 minutes for each step! Even a starry-eyed Washington official should commence to see, from this, the fatally untrustworthy character of the plan. And how any dentist outside the booby house could sponsor it is beyond my comprehension!

A Paper Plan

But how beautiful it looks on paper! Ten men working in a row finishing 20 inlays every hour—160 in an 8-hour day! It is too bad we cannot have it. No wonder the people want it, and no wonder professional moon-givers promise it.

Having shown, as I believe I have, that the proposed plan, insofar as inlays are concerned, is a hoax, I suggest that the plan as a whole is no better than the part.

"The plan will," says the *New York Times*, "strike fire from those who have an economic interest in maintaining the status quo." It strikes fire from me, and I have no economic interest in inlays. My practice has been limited to dental diagnosis for over 20 years. My interest is, believe it or not, in the welfare of the public. My work as a

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diagnostician has taught me, if it has taught me nothing else, that nearly as much damage can be wrought by poor dentistry as by neglect—and the proposal here under consideration is a *plan for supplying bad dentistry wholesale*. It would only victimize, not help, the people.

I am not opposed to revising the practice of dentistry, if the revision leads to better dentistry for more people. I have, in fact, spent most of my professional time promoting changes in practice. But I do not believe that old things are bad just because they are old, or that new ones are good just because they are new. New or old, the plan published by the Pepper Committee is thoroughly bad because it is stupid.

I am aware that some of my fellow-dentists will tell me that it need not take quite as long to insert a good restoration or inlay as I have indicated in the caption for the illustration. My reply is simply that my mouth is full of inlays and it has taken 3 hours or longer to insert each one of them. Could this be because my dentists knew that I would be able to judge the quality of the service, and so did not feel that they dared slight it? No, that is not quite the reason. It is because I selected men who habitually take the time necessary to give the service properly—the ones who, according to the *New York Times*, object to *production-line dentistry* because of "economic interest."

I am also aware that different operators will disagree with my

estimate of the time necessary for certain steps in technique recorded in the caption for the illustration. Such disagreement in details is to be expected. I insist only that the average, over-all time, is substantially correct. I know that frequently certain steps may be completed in less time than I have specified; but I know too that the time saved at one step is frequently lost at another. Things have a way of going very well with such work at times, and very badly at other times. It is, however, possible to strike an average from which it is not safe to descend, if quality and artistic freedom of efforts are to be maintained; and that is what I have done.

By way of conclusion, let me repeat what I have said so many times: The restoration of teeth is a treatment for disease — *dental caries*. We must never lose sight of this most important fact, and we must teach those who do not know it.

A poor restoration not only fails to cure the disease it was intended to cure, but may also produce new ones such as chronic pericementitis and osteoclasia. It is too bad the difference between a bad restoration (Series A) and good ones (Series B and C) is not more apparent to the untrained observer. Fortunately, the difference may sometimes be shown by X-ray examination so that anybody can see it

1516 East Silver Avenue
Albuquerque, New Mexico.



Military News



Army Hospital Dedicated:

At an impressive ceremony the Oliver General Hospital was dedicated in Augusta, Georgia. The late Colonel Robert T. Oliver in whose honor the new hospital was named was Chief Dental Surgeon of the A.E.F. Principal speaker on the occasion of the dedication was Brigadier General Robert H. Mills, head of the Army Dental Corps, representing the Surgeon General. Colonel Hew B. McMurdo, Commanding Officer of the Hospital, introduced the guest of honor, Mrs. Robert T. Oliver, widow of Colonel Oliver, who was elected President of the American Dental Association after his services in the First World War.

General Mills presented Mrs. Oliver with a replica of the Stars and Stripes, together with a miniature of the Oliver General Hospital flag. The two emblems flew together from a staff mounted on a silver base, and were a gift from the personnel of the hospital. In accepting the gift Mrs. Oliver expressed regret that her son, Brigadier General Oliver, could not be present at the dedication. The program, which ended with the raising of the colors and the playing of the National Anthem was broadcast over Station WRDW.



Navy Medical Department:

On the basis of existing laws and requirements it is estimated that the Medical Department personnel, if the present

Navy plan is consummated, will be approximately as follows:

Medical officers, 20,298; dental officers, 5,975; hospital corps officers, 1,133; warrant officers, 794; volunteer specialists, 435; Waves, V-S (Medical Department), 100; Nurse Corps, U. S. Navy, 8,500.



Transfers of Dental Officers:

The Surgeon General of the Navy has approved the following transfers of officers of the Dental Corps, U. S. Navy, effective in June, 1943:

Captain Albert Knox, (DC), USN, from the Bureau of Medicine and Surgery, Navy Department, to the U. S. Naval Academy, Annapolis, Maryland.

Captain Robert S. Davis, (DC), USN, from the U. S. Naval Training Station, San Diego, California, to the Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

Captain Alfred W. Chandler, (DC), USN, from the U. S. Naval Academy, Annapolis, Maryland to the U. S. Naval Training Station, San Diego, California.



Conserve Dentists and Physicians:

To conserve its limited supply of medical personnel the War Department has ordered that all Tables of Organization referring to medical and dental officers will be revised to show that medical and

dental officers will be furnished only as required and available in continental United States. Regimental and separate units, such as battalions, which are now authorized two attached medical officers by the Tables of Organization, will be provided with only one medical officer in continental United States. When such a unit goes overseas, however, the attached medical unit will be restored to its full strength.

★

Classification of Dentists:

With a view to giving the Procurement and Assignment Service accurate information as to the status of the dentists remaining in civilian life, new state surveys are being made of this group. Through this survey each dentist will be classified in one of the following categories:

Class I—Available

Class II—Essential for limited duration or until a replacement can be secured

Class III—Essential for unlimited duration

Class IV—Not available for either military or emergency civilian services.

★

Exercise Ordered for All:

A marked tendency among Army personnel whose duties are confined primarily to office work to dispense with regular outdoor exercise has been noted by the War Department. In the interest of good health and physical and mental fitness, the Department has ordered that exercise in the open air or in a well-ventilated room be taken regularly by all officers not actually participating in active out-

door instruction of troops. Whenever it is possible to do so, duties of such officers will be arranged so that each will be allowed at least one-half day a week, other than holidays and Sundays, for physical exercise.

★

The Adjective is "Naval":

Because of the growing tendency to use the word "navy" as an adjective, Admiral E. C. Kalbfus, USN-Ret., has written to the *Washington Post* drawing attention to several newspaper clippings referring to the approaching marriages of "Navy" officers. Such practice, he pointed out, is common in speaking as well as in writing. "A very large number of officers are graduates of the Naval Academy," he said. "All of us wear the naval uniform with its naval insignia. We observe naval customs, we eulogize our naval heroes, and we are proud of our naval traditions. We have been under the impression that we are naval officers."

★

Army Supplies One Type Of Toothbrush

Toothbrushes purchased by the Quartermaster Corps in 1942 for distribution to new soldiers totaled 4,000,000. These were selected, according to the Jersey City Quartermaster Depot, on the basis of popular preferences. Hereafter only the purchase of one type of toothbrush will be authorized. This is a 12-knot, two-row nylon brush which will be issued to new inductees. Other types of toothbrushes will still be available at post exchanges.

THE CASE FOR SOCIALIZATION

By MAURICE S. CALMAN
D.D.S., LL.B.



"Through lack of coordination individual effort has so far failed to provide proper medical and dental care for the great mass of the people."

I HAVE READ carefully the article by Doctor John W. Richmond, NOW IS THE TIME TO PLAN, in the November, 1942 issue of ORAL HYGIENE. I agree with him that now *is* the time, but I disagree with his *status-quo* stand.

To be in accord with the times, one need but observe the trends of government in the direction of social security which, before long, will offer us a well-rounded program of medical and dental health security, available to all of the people. The Wagner Health measure, the health bills in the various State legislatures, the recent report to President Roosevelt by the Planning Commission, and the Beveridge Report in England, are definite indications of the concern that governments are showing for the health of the people.

The Beveridge Report, among other things, states that "medical treatment covering all requirements would be provided all citizens by a national health service organized under health departments . . . Medical treatment . . . including hospital, *dental* (italics mine), ophthalmic and convalescent homes for a whole family and the cost of medical rehabilitation."

The Atlantic Charter, which was drawn up by President Roosevelt and Prime Minister Churchill, is being endorsed by the Free Nations. In its fifth clause the Charter declares the desire of American and British leaders to "bring about the fullest collaboration between all nations in the economic field with the object of securing, for all, improved labor standards, economic adjustment and social security."

July, 194

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Social security presupposes freedom from lack of employment, food, clothing, shelter; freedom from illness and disease.

Society is not primarily interested in the welfare of the dentist *per se*, but is vitally concerned about its own health and general welfare, and it does not propose to stop in its search for means to bring about improved health conditions. Credit and glory will be the reward of those who devise the most practical plans that will make good health the common heritage of all. So far no plan has been advanced that would spread the benefits of health services to all those in need of them. As in the case of present socialized education, health service socialization would offer the most satisfactory solution.

A Complete Health Service

By socialization is meant a complete health service, medical and dental, made available to all the people, at public expense. Socialization would thus provide health services to those who now, for no matter what reason, economic or otherwise, are not receiving these services. Preventive care would come into its own, as it would be to the interest of the physicians to preach and practice prevention, rather than to treat diseases. A healthier citizenry would be the result of a preventive educational program.

Dentistry, as it is practiced today, is a highly-specialized profession. Under a socialized form of

practice, dentists skilled in the various specialties, would be limited to that specialty in their services to the public, with the result that the recipients of the services would profit thereby. To a certain extent that form of practice now obtains, particularly in our hospitals and clinics, where physicians render services limited to the particular specialties they pursue. This would be a marked improvement over the present form of practice, where the dentist performs the various services, such as exodontia, oral surgery, prosthodontia, pedodontia, orthodontia, and root canal therapy, in none of which would he compare in skill with the specialist.

Regular Employment

For the physicians, socialization would mean employment of all those who are willing to work for the government. Steady employment would be assured, at fair compensation, decent working hours, vacations with pay, old age and disability and social insurance. There would be opportunities for study and research, in modern and well-equipped laboratories where, free from economic worries, those so inclined are in a better position to develop improved scientific procedures, and receive appropriate rewards.

Socialization does not necessarily mean that dentists who desire to engage in private practice may not do so. Just as we have private educational institutions and private teachers, so may we have, under

socialized dentistry, dentists who may wish to engage in private practice and cater to that element that prefers this form of service.

There is no justification for the fear that all men engaged in public service will "begin to feel that they are now relieved of any responsibility to the public." If this were so, governments could not function properly or at all. As a matter of fact, there is no more loyal force of men, devoted to their assigned tasks, than the millions of civil service employees. It is also a fact that men, who are not attentive to their duties, are dropped from the public payroll.

Neither is there much to the statement that there is "the historic relationship of the independent professional practitioner and the patient who is free to choose his own dentist." As a matter of fact, the average person is either directed by a patient to a particular dentist, or his economic status determines the choice of a dentist. People may know the names of well-known dentists, but cannot afford the fees they command, so they usually pick neighborhood dentists who can render professional services that are commensurate with their ability to pay for them.

That there is a general demand for a wider distribution of the health services is attested to, not

only by the millions of forward-looking and liberal-minded people who are in favor of the socialization of the health professions, but also by organized labor, now counting a membership of over 10,000,000, which has repeatedly declared itself in favor of this kind of government service.

Through lack of coordination individual effort has so far failed to provide proper medical and dental care for the great mass of the people. Governmental agencies are more capable of doing that, and on a far greater scale, as shown by their activities in the fields of education, unemployment and accident insurance, old age pensions, and in the many other social services, such as the military, postal, police, fire, and recreational.

If we are really sincere in our desire to serve the people who are seriously in need of our professional services, and since the handwriting on the wall definitely points in the direction of socialization of the health professions, instead of opposing this trend, we ought to get behind our government and give it all possible assistance in working out a satisfactory plan that would be mutually advantageous to the public and to us.

600 West 181st Street
New York, New York



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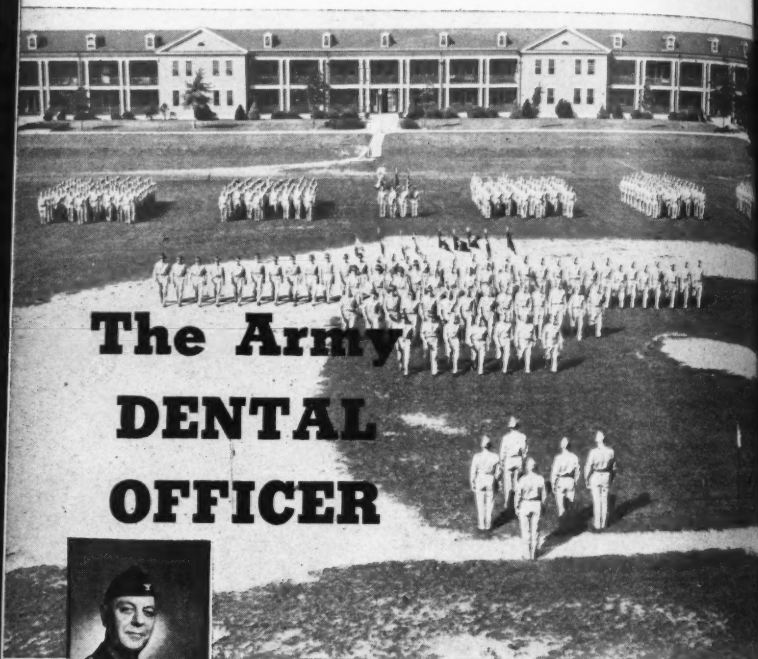
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Yield to the temptation to visit
long and operate hurriedly when
meeting old friends.

HOW TO KILL A DENTAL PRACTICE

"Accomplishing the best and doing the most possible for the greatest number is the schedule by which the dental officer works."



**By COLONEL
NEAL A. HARPER,
(DC)**

THE MISSIONS of the dental officer are, of course, those of his Corps: maintaining the dento-oral health of military personnel and assisting the Medical Corps in the care and evacuation of battle casualties in the combat zone. The first of these he accomplishes by making surveys of the mouths, classifying the examinees in terms of need for treatment, instructing the members of the command in oral hygiene and performing such operations as are

Dental officers participate in ceremonial parades at the Medical Field Service School, as part of their training. Here "Front and Center" battalions, companies, and platoons march forward to receive instructions from the Commander of the troops.

indicated for the prevention and correction of dental disease, injury, abnormality or loss. The second, a highly important one, he pursues in the fighting area as an assistant to the surgeon of the unit with which he is serving. In this capacity, as an auxiliary medical officer, he may, if the surgeon and his

ible for the
dental officer

subordinate medical officers become casualties, take command of the regimental or battalion medical activities until relieved by a medical officer.

The efficiency of an army depends largely upon the training it receives. The dental officer, in order to render the best service of which he is capable, must be schooled in the organization, functions and administration of military units, particularly those of the Medical Department. There is little need, and less opportunity, to give him instruction in professional subjects in war time; his technical ability is assumed when he enters the Service as an officer of the Dental Corps. Short courses in maxillo-facial surgery are conducted at the Army Dental School and certain designated institutions for selected dental officers with experience in that specialty, but the training objectives are generally and principally those of orientation and adaptation.

Training Programs

Training is conducted at all army installations. At other than training camps and service schools, this is carried on usually in addition to the schedule of professional duties. Camp dental surgeons, chiefs of dental service at general hospitals and station hospitals and the senior dental officers of tactical units set up instruction programs for their subordinates. These vary as the factors of personnel, time, facilities and other circumstances



Dental operation performed in a clearing station.



Dental officer, serving as an auxiliary medical officer.



Instruction in the use of leg splint being given by dental officer.



Dental officer, acting as commanding officer of medical unit, checking foot of soldier for blisters after march.



Acting as medical battalion supply officer, this dental officer checks equipment.



Dental officers receiving instruction in field dental service from Director of the Department of Dental Field Service, Carlisle Barracks.

indicate, but all are based on practical constructive subjects.

The Medical Field Service School at Carlisle Barracks, Pennsylvania, is the Medical Department's great center for the instruction of its officer personnel in field duties. Here large classes take an intensive course of 272 hours on a schedule of 8 hours a day, six days a week, for five and two-third weeks. The dental officer is accorded the same facilities for training as the medical officer; in fact he takes the same course with the exception that sixteen hours of special instruction in dental duties, administrative functions, relationship to medical officers, treatment of jaw fractures in the field, splinting methods and the use of dental field equipment are substituted for a like number of hours in other departments, considered relatively less necessary for him. The dental subjects are presented in conferences, applicatory exercises, films and demonstrations. The essentials of dental surveys, supplies, records, reports, duties with tactical units, treatment and evacuation of jaw casualties and dental functions in mobile hospitals are emphasized in this phase of the instruction. The balance of the course, 256 hours of instruction, comprises classroom and field teaching in administration, military art, field medicine and surgery, military sanitation, chemical warfare, military training and logistics. A knowledge of these subjects enables all medical department officers to coordinate their ef-

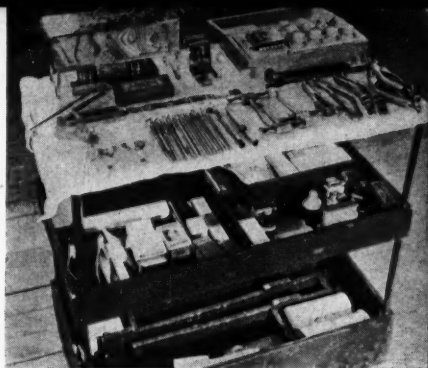
based on practical projects. Field Service Barracks, Pennsylvania. The instructor personnel in field classes take an 8-hour course on a 2-day, six-day, two-third is according to training in fact he with the ex- s of special es, admin- onship to nt of jaw splinting dental field for a like r depart- ively less ntal sub- ferences, ns and tials of records, l units, of jaw ons in ized in n. The urs of room istra- icine ation, ning these part- ef-

ports and activities with those of the units they serve, and it impresses them with the responsibility accruing to officers.

Dental-Medical Teams

Officers attending classes are given the latest tried and proved procedures. This is particularly the case in the subjects presented by the Department of Field Medicine and Surgery. Treatment of war wounds, such as burns, fractures, head injuries, chest and abdominal wounds, blast and crush trauma; injuries to soft tissues, blood vessels and nerves; and medical field problems of diagnosing and treating venereal disease, are discussed. Principles and practices of sorting wounded, chemotherapy, sulfonamides, fungus infections, care of the feet and sunburn are also included. Dental officers attend all of these classes. It is interesting to note the following quotation from the department prospectus: "Dental officers are expected to be almost equally as well informed as medical officers on most phases of field medicine and surgery. Officers of other branches in attendance are expected to become oriented in first aid, and to be able to cooperate better with medical and dental officers when the need arises."

Ordinarily the duties in the combat zone include those of assisting in the supervision of tagging, collecting and evacuating the wounded, cooperating in the necessary movements of the station, helping with the procurement of medical



Equipment contained in a single chest, M. D. number 60, for the use of the dental officer in the field of military operations.



Officers inspecting barracks (Photo, U. S. Army).



A class in military tactics. Liaison officers teach all medical officers the organization, principles, and tactics of the various combat arms of the service.

supplies, or any other necessary function of the kind which the surgeon may designate. Obviously in this theater of activity there is little opportunity for the accomplishment of dental service. The dental officer and his enlisted assistant carry on their belts the small dental field kits which are ample for emergency dental treatment.

Varied Duties

The duties of the dental officer are not limited to professional service and to assisting the medical officer in combat situations. The Army is a self-administering institution and, as such, requires the performance of many "housekeeping chores." The dental officer, as well as all others, must participate in essential extra-curricular duties both in garrison and in the field,

such as serving as a member of boards, courts-martial, auditing councils; as investigator, recreation officer for the troops and mess officer. These activities are usually in addition to the professional schedules. The courses given by the Medical Field Service school include subjects calculated to be of great help in the accomplishment of these functions.

The missions and duties of a dental officer of the Army are predicated on the recognition of the part dentistry may contribute to the general health and welfare of those in the military service. This is dentistry's greatest opportunity and obligation to attain their fulfillment.

*Carlisle Barracks
Pennsylvania*

HOW TO MAIL DENTURES LEGALLY

The Postal Department has ruled as follows:

"Packages containing dentures (false teeth) or prosthetic dental appliances shall be accepted for mailing when properly prepared therefor, provided that the label or the address side of the parcel carries a printed or rubber stamped impression over the name of the sender in clear legible type reading as followings: 'MAILING NOT PROHIBITED by Sec. 607½, P. L. & R., 1940.'

"Parcels containing dentures or prosthetic devices found in the mails without the required indorsement should be immediately transmitted to the post office inspector in charge of the Division in which the office of address is located."

Dentists are urged, therefore, to so label packages sent to laboratories as to prevent any possible delay in delivery.



July, 1943

Dentists in the News

Birmingham (Alabama) News: A new destroyer escort ship bearing the name of Birmingham's Lieutenant Commander Laurice A. Tatam, (DC), who was lost in the Pacific last September, is now on its way to the European war theater to avenge the *Wasp*. This is the second honor conferred on Commander Tatam who lost his life while caring for the wounded during the sinking of the aircraft carrier *Wasp*. He had previously been awarded the Naval Silver Star.

Mrs. Tatam, at the invitation of the U. S. Navy, acted as sponsor of the U.S.S. Tatam which was launched in Orange, Texas, June twentieth.

Lieutenant Commander Tatam, who was a veteran of the World War, reentered the Service on December seventh immediately upon hearing of Pearl Harbor, and several months later was sent to sea on active duty. He especially requested action against the Japs.

Union City (Oklahoma) American Weekly: When Doctor D. P. Richardson takes a vacation, Union City and its population of 500 virtually closes down until he returns. Since 1894 he has been the only dentist in the town, the only physician, president of the only bank, the only druggist, the postmaster and a leading retail business man. He also operates three farms and is interested in a cotton gin. Outside of his home town Doctor Richardson has served as president of the Oklahoma State Bankers Association, and in 1938 was appointed State Banking Commissioner.

Philadelphia (Pennsylvania) Inquirer: From now on Doctor William Gleason, a dentist of Paulsboro, New Jersey, will believe in dreams—especially bad ones. At dawn one morning he dreamed that his bedroom was being violently shaken. Then he found himself pacing the bedroom floor. Next he said to his skeptical wife, "I think a truck has



crashed into the front of our house." He went downstairs and discovered that was exactly what had happened. The driver of the truck lost control when the brakes locked. He drove into the house with such force that he demolished the front porch and one wall before he was stalled in the reception room where Doctor Gleason found him.

Nashville (Tennessee) Tennessean: Lieutenant John Stockton, Marine Corps dentist and former member of the Arkansas State Board of Health, has found that dental service is very popular on Guadalcanal.

"I never had such a rush of business as when I first opened practice on the island," he reported. "This popularity was due largely to the fact that there were no recreational facilities. The boys

just had to have some place to go—so they came to the dentist.” He recalled one day he was extracting a tooth when a bombing raid forced him and his patient to abandon his office—a tent—and seek shelter in a foxhole. When they came out the office had vanished, blown away by a close hit.

Lieutenant Stockton is now at the Marine Corps air station at El Toro, California recuperating from an attack of malaria.

Davenport (Iowa) Democrat: Although Doctor D. C. Camblin, Walcott dentist, took up the hobby of archery less than a year ago he has become quite an authority on the subject, and has devoted considerable time to the study and manufacture of archery equipment. When he first took an interest in archery last spring, he built his own bow and since that time has made five others. At present he is designing an arrow for



flight or long range shooting. With one of his own bows he won the Iowa archery trophy in the competition for men more than fifty years of age.

Believing that archery is a sport that all can enjoy Doctor Camblin is taking an active interest in the archery project of the Walcott Boy Scout troop. He is helping members of the organization by teaching them how to construct their own equipment.

Chicago (Illinois) Tribune: At the edge of the New Guinea jungle not far from Milne Bay where the Japs were

beaten off last autumn is a first class American hospital. This hospital occupies a house formerly lived in by a plantation manager, and its wards overflow into native-style huts, roomy and airy, set in the bloom-filled grounds.

Besides the \$8000 X-ray machine, extensive supplies of blood plasma and sulfa drugs, there is a dental office under Doctor Walter Lovegrove, San Francisco, as well as operating rooms and a complete pharmacy. Everything is fitted up, however, so that it can be moved quickly. In an emergency all the dental equipment, including the chair and the foot operating drill, can be packed into two trucks.

Doctor Lovegrove spends much of his time repairing old dentures and making new ones. In one week the new dentures amounted to twenty-five. At first the natives used to crowd around the dental officer to watch the extractions, but now this is such a commonplace sight they have become blasé.

Fitchburg (Massachusetts) Sentinel: William H. Baumgartner, a dentist of 63 Snow Street, took matters in his own hands when five boys were surprised in the act of ransacking his summer camp at Pearl Hill.

With the assistance of a patrolman, Doctor Baumgartner compelled the quintet to replace all the articles they had removed from bureau drawers, and thrown on the floor. They then had to clean the camp before going to the police station to be booked on charges of breaking and entering a house and the larceny of shirts valued at \$2.

Boston (Massachusetts) Herald: To the hobbies of airplane flying, music, and motion picture photography, Doctor Charles C. Parker has added the building of model locomotives, which operate

July, 1943
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by steam generated in their own boilers. For the past three years he has been working on the model of the Boston and

Albany series 400 locomotive, which is now on display, and he has done all the work on this model in his own garage workshop.



Built to a three-quarter inch scale the locomotive number 403 required 1600 working hours and cost \$75 for parts. Operated by Doctor Parker, who is pulled on a flat car behind the locomotive, number 403 has hauled as many as three people at one time.

Awards for stories published this month in DENTISTS IN THE NEWS go to:

CAPTAIN GEORGE W. MATTHEWS, (DC), Officers Club, Fort Oglethorpe, Georgia.
MRS. J. W. WARD, Franklin, Tennessee.
JOSEPHINE M. EDWARDS, 33 Ashmont Street, Dorchester Center, Massachusetts.

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted, cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Ill.

SHORTAGE OF DENTISTS

THE SHORTAGE OF dentists in London is so acute that persons needing dental treatment are lined up in queues, and an informal system of priorities has been established to give preference to those who are suffering pain. The ancient joke has it that most people who should go to a dentist jump at any excuse for not going . . . but the queues in London point to an opposite conclusion.

It is possible that the fear of being hurt a bit, which affects so many, has tangled with another human trait, a burning desire for anything if, suddenly, it becomes hard to get. Perhaps the best way to induce people to take good care of their teeth, and to make those periodic visits to the dentist that are so necessary to such care, would be to ration dental service under a system allowing one filling or one extraction every six months. The result might well be that those who are inclined to neglect this matter would start making a beaten path to the door of their ration board to demand supplemental rations.—*New Bedford, Mass. Standard-Times.*



Conducted by
W. EARLE CRAIG, D.D.

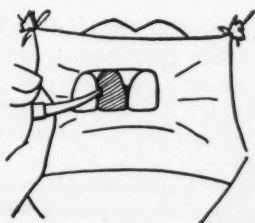
Drawings by Dorothy Stead

Technique of the Month



4

Place sodium perborate powder in the root canal, cover with moist cotton, seal with gutta percha, and dismiss patient for a few days.



5

Apply vaseline to the gums, adjust rubber dam, wash out sodium perborate with H_2O_2 , swab the pulp chamber with alcohol, and dry with warm air.



6

Pour Pyrozone into a D pan dish. (Caution: Pyrozone is highly inflammable.) Fill the pulp chamber with loose cotton. W a medicine dropper, w the cotton in the tooth w Pyrozone.

Apply a hot t preferably instrument to eva Pyrozone. Repe and heat app with shows ency. Dry

d by
CRAIG, D.D.S.
Dorothy Ste

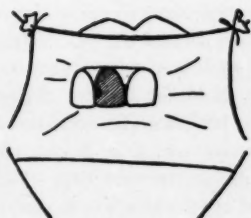
Tooth Bleaching

By I. J. Kupfer, D.D.S.



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Record the present shade of tooth for record and comparison with the final shade.



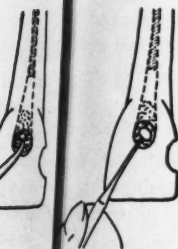
2

Apply rubber dam. Remove all filling material and all caries.



3

Remove root canal filling from pulp chamber and about $\frac{1}{8}$ " down root canal.



7

Apply a hot egg burnisher into a deep cavity. Preferably, electric instrument to the saturated pulp chamber to evaporate the Pyrozone. Repeat saturation with upper, and heat application until tooth shows marked translucency. Dry and seal.



8

Repeat the bleaching treatment at two or three day intervals until the tooth is much lighter in color than the adjacent one.



9

After bleaching process is complete, line cavities with snow white cement, and insert silicate to match adjacent teeth. Bleached tooth will return to normal color.

Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties," *John Milton*

FREEDOM FOR THE DENTAL CORPS

THIS TRUTH should be self-evident: that the Dental Corps of the Army and Navy will function best if all the affairs of these Corps are under the direct and sole authority and supervision of the Assistant Surgeon General representing the Army Dental Corps, and the Rear Admiral of the Navy Dental Corps. Any system of administration that places dental officers under the authority of Medical Corps officers is an inefficient one. The present system does just that. The procurement of dental supplies and equipment, the procurement and assignment of officer personnel, technicians and assistants, are matters that should be handled directly by the dental officers who are the heads of the dental services in the Army and Navy. The only persons to whom these two dental officers should be responsible are the Surgeons General. This same system of administrative independence should exist throughout the entire Army and Navy. The camp or station dental surgeon or the dental officer aboard ship should be responsible directly to the line officer commanding the camp or station or ship, as are all other officers, but orders on dental subjects should come from the chief dental officers of the Army Service Command or the Naval District. These officers in turn are responsible to the Commanding General of the Service Command or to the Admiral in charge of the Naval District. However, dental orders should come only from the Chief of the Dental Service in the Surgeons General offices.

There is nothing in the nature of the dental service that calls for the opinion or the authority of the medical officer. Dental diseases, with the exception of Vincent's infection, are not communicable; therefore, they do not endanger the health of the command in the sense that a quarantine might be necessary. Dental disease seldom requires hospitalization and in those few cases where that is necessary the dental officer should order the patient hospitalized. He then places himself under the jurisdiction of the officer in charge of the hospital in the same way as do other officers who are required to serve in hospitals.

In general, the correction of dental diseases is by methods entirely unlike those used in the treatment of other diseased conditions. The ex-

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traction of teeth is a surgical procedure but the replacement of teeth destroyed by caries and the restoration of missing teeth require highly specialized mechanical methods entirely unfamiliar to physicians. The medical officer has no training in dentistry. He knows nothing of dental procedures or of the materials and equipment needed. He, therefore, has no critical faculty to evaluate methods or techniques and should not have any authority over people who are specialists in the dental field. A comparable situation would be to have the Ordnance Department specifying the size of doughnuts to the Quartermaster Corps or the Signal Corps advising the Chaplain Corps on religious ritual. The absurdity of these examples is clear. The situation wherein medical officers tell dental officers what to do, how to do it, and what to do it with, is equally absurd.

The government spends millions of dollars through the Office of War Information and various Bureaus of Public Relations to acquaint the public with the facts of war. These heavy expenditures are made on the theory that an enlightened and informed public will be a nation of high morale. This is true. Even in this situation, however, medical officers dominate dental officers. Material, technical and otherwise, for publication in dental journals is reviewed and passed by medical officers. The Dental Corps of the Army and Navy are not even permitted to decide what dental subjects and what dental officers should be allowed publication. The fight for freedom for the Dental Corps is a campaign that must be waged on many fronts.

No responsible person has suggested a Dental Corps separate from the Medical Department in the U. S. Army and Navy. The demand is for administrative authority for the Dental Corps within the structure of the Medical Department. The dental profession has been extremely patient, hoping that the present organization of dental services in the Army and Navy would be changed to give dental officers proper authority. The profession has now bestirred itself from its amiable patience and is ready to demand its rights. Articles in the professional journals, talks before dental societies, and conversations among dentists, point to this awakening. We would prefer to see the Army and Navy Regulations change immediately to guarantee administrative authority for the Dental Corps. But if such changes are not forthcoming promptly American dentistry is prepared to put its case before the Congress.

Edward J. Ryan

RANK WITHOUT AUTHORITY

(Continued from page 937)

long and distinguished career might be assigned to a medical supply depot. In this installation might be a young Second Lieutenant of the Medical Administrative Corps. If a vacancy existed in the office of the commander and someone had to assume immediate charge of the installation, the Second Lieutenant (M.A.C.) would supersede the Major (D.C.).

The Case of the Navy

We have recently seen the creation of the grade of Rear Admiral for the Dental Corps of the Navy by an Act of Congress, but this Congressional action has been emasculated and the intent of the legislation has been aborted. The new Rear Admiral, rather than being assigned to be the administrative head of the Dental Corps, is on duty in another capacity. It has been stated by people who should know that the presence of this high rank at the Bureau of Medicine and Surgery in Washington might be embarrassing to medical officers who hold lower grades; thus, in order not to threaten the traditions of the Medical Corps the newly appointed Rear Admiral has been assigned to other duties. It appears that despite a magnificent service record which includes the decoration with the Congressional Medal of Honor, our Rear Admiral has *rank without authority*. Unless he is put in charge of Dental Corps personnel, dental

service planning, education, procurement of supplies, the Rear Admiral is only a figurehead. The assignment of the Rear Admiral to duty elsewhere than as head of the Dental Corps administration has nullified completely the intent of the Congress in creating this office.

With regard to personnel, the Navy Dental Corps has suffered a recent reversal. In the past all personnel of the Bureau of Medicine and Surgery, except dental officers, were under the Personnel Division. Dental officers were transferred and assigned to duty by recommendation of the head of the Dental Corps, made directly to the Surgeon General. Now that the Dental Corps no longer enjoys the status of a separate Bureau Division, a medical officer is in charge of the transfer and assignment of dental officers.

The medical officers in the Bureau of Medicine and Surgery on ships and in all stations have always had control of hospital corpsmen serving as dental assistants. Dental officers have been in constant struggle to keep trained technicians from being transferred to other duties. Under the present arrangement all dental technicians and assistants are placed in the Hospital Corps and may be compelled to perform other medical duties. The solution lies in the creation of a Dental Assistants Corps in the Navy, but this has been opposed by

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the Medical Corps because it is fearful lest dental officers secure some administrative control over their own affairs. The dental technicians know that their chances of advancement are not so good as their shipmates' in the Medical Corps and are very reluctant to continue in the dental technician branch because of this fact.

Dental Officers at the Foot of the Table

Dental officers may be surprised to learn that they are at the bottom of the list in matters of precedence. Article 154, U. S. N. Regulations, prescribes: "Where commissioned officers of the different corps, who are not graduates of the Naval Academy, take precedence from the same date, they shall be arranged in the precedence table to take rank in the following order: a) line officers; b) medical officers; c) officers of the Supply Corps; d) chaplains; e) professors of mathematics; f) naval construction; g) civil engineers; h) dental officers." This, however, is not so bad as it sounds! The precedence among the corps is based on the date of the establishment of such corps. The Dental Corps being junior to other staff corps (established 1912) is not entitled to a better position in the matter of precedence. Dental officers may cover their occasional embarrassment by remembering this fact.

Military Establishments of Our Allies

The case of the military estab-

lishments of our allies is interesting. In the British Navy the head of the Dental Corps holds the title, "Deputy Director General for Dental Services." Quoting from King's Regulations and Admiralty Instructions for the Government of His Majesty's Naval Service: "A port dental officer is appointed to each of the three home ports. His duties are the general supervision of all dental arrangements within the port area. He is responsible for advising the Commander in Chief and the Surgeon Rear Admiral on all dental arrangements in the port. He is to propose for the consideration of the Commanding Officer of the ship or establishment concerning any measures likely to conduce to the greater efficiency of the dental arrangements." This regulation provides for the direct relationship between the line officer commanding and the dental officer. In the Army of the United States and in the United States Navy any reports made by a dental officer from a station, with the fleet, or in shore installations are done through medical channels.

The British Regulations also provide the following: "On appointment a dental officer is to perform such dental duties as are required of him by the Commanding Officer of the ship or establishment in which he may be serving, to whom he is directly responsible for the efficient control of the Dental Department . . . The Dental Department dental mechanics and dental service attendants are to be entirely

under the direction of the dental officer."

In the Canadian Army the Dental Corps is entirely separate from the Medical Corps and is under the actual command of a Brigadier General who is a dentist. The Canadian Dental Corps is a single directorate that renders dental treatment to all Army, Navy, and Air Force personnel. This organization unifies and standardizes all dental procedures. It is an army directorate administered by the Adjutant-General; it is not a branch of the Medical Service. The Director of Dental Service is responsible directly to the Adjutant-General. He is also responsible to the Vice-Chief of the Naval Staff and the Air Member for Personnel of the Royal Canadian Air Force for similar dental arrangements in the Navy and Air Force.

What Can Be Done About It?

The intent of this analysis is to increase the efficiency of the Dental Corps of the Army and Navy, so that a better job can be done for our fighting men. This is not a time for any part of the military forces to cling to outmoded traditions and powers which they should have relinquished voluntarily for the good of the Service long ago. Reform can easily come by changes in the Army and Navy Regulations. The specific reforms should be brought to the attention of the Secretary of War and the Secretary of the Navy from whom emanate all Army Regulations and

Navy Regulations. The problem is not one for the discretion of the Surgeon General of the Army who is a subordinate officer to the Chief of Army Service Forces who is a line officer, nor of the Surgeon General of the Navy who is likewise under the authority of the Chief of Naval Operations. The specific recommendations for improvements in the Regulations should be made directly to the Secretary of War and to the Secretary of the Navy. If satisfactory action does not then result, the Congress should be asked to act.

In the case of those Army and Navy Regulations which have originated from Acts of Congress and which have been ignored in administration a serious situation exists. The failure to administer the Act of October 6, 1917, for example, which gives parity to the Dental Corps with the Medical Corps, is usurpation of legislative authority by an executive branch of the government. This should concern the Congress.

Auxiliary Medical Duties

Medical officers frequently assign dental officers to quasi-administrative and military duties. The dental officer is frequently the catch-all for assignments that are onerous in nature. He may be the mess officer, he may be put in charge of transportation, or other non-professional duties. He may go for months without any practice in dental procedures for which he was trained and of which soldiers and

sailors and dental officers and often newly commissioned administrative line. C. perform be allowed capacity with administrative this subject a high himself in An error that dentists equitable being fostered administrative assumed by cases. Den some of the dental officer's city of em their own pared with are flattered cal or line dentistry, their inter The medic establish t fessional give his would no duties or a fier beca dentist as more than ary, subor dental offi dentist's fessional minor me first aid dentists raid detai sult is th minor fir back in c Anitud Dentat the Arm

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ministrative officers or officers of
the line. Only the dental officer can
perform dental services. He should
be allowed to function in this ca-
pacity with complete authority and
administrative independence. On
this subject of minor medical duties
a high ranking officer expresses
himself in this fashion:

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An erroneous and untenable opinion
that dentists in the services are granted
equitable privileges and recognition is
being fostered by references to medical
administrative and military duties as-
sumed by dental officers in isolated
cases. Dental journals have published
some of these references. Some young
dental officers are not aware of the neces-
sity of emphasizing the importance of
their own professional duties as com-
pared with auxiliary assignments. They
are flattered by being given minor medi-
cal or line duties, and the importance of
dentistry, which should demand all
their intelligence and energy, suffers.
The medical officer usually is careful to
establish that the importance of his pro-
fessional obligations demands that he
give his entire attention to them. He
would not think of turning over his
duties or any part of them to a dental of-
ficer because of his acceptance of the
dentist as his professional equal. He is
more than willing to assign some auxil-
iary, subordinated medical duty to the
dental officer. In fact, he insists upon the
dentist's throwing aside his own pro-
fessional activities to assume some such
minor medical rôle. The setting up of
first aid instruction arrangements for
dentists and the organization of air
raid details are good examples. The re-
sult is that dentists will be utilized in
minor first aid rôles while physicians sit
back in centers and superintend.

Attitude of Line Officers

Dental officers of long service in
the Army and Navy all refer to the

fine understanding and cooperation
that they have had from officers of
the line and from old shipmates in
the line. An example of this under-
standing is seen in the following
letter written by a line officer and
published in the *Army and Navy
Register* in 1939 in response to an
article that appeared in *The Mil-
itary Surgeon*. This excellent letter
which is reprinted herewith testi-
fies to the attitude of officers out-
side the Medical Corps:

Sir: I have at hand the April 15, 1939,
issue of the *Army and Navy Register*,
which contains a resumé of "Army Den-
tal Policy" taken from the current num-
ber of *The Military Surgeon*. Since read-
ing this article, I have also seen the com-
plete one, stating the policy of the Med-
ical Department in regard to dentistry in
the Army. Inasmuch as the dental health
of the entire Army is recognized as of
paramount importance today, I read this
pronouncement with more than passing
interest.

I am not an officer of the Medical De-
partment [*Editor's Note: therefore not a
dental officer*] and, therefore, my obser-
vations present a point of view different
from the professions' represented in that
department. However, my service in the
War Department and various stations has
given me an excellent opportunity to
watch the progress of the Dental Corps
and observe many unnecessary handi-
caps with which it is confronted. The
statement, 'The Surgeon General having
declared that within the Army dentistry
will be a part of medicine, etc.,' particu-
larly impresses me, even as a layman,
that a basic principle of dentistry is be-
ing violated. The question may be asked,
'Has the Surgeon General the right to
make such a far-reaching decision?' I
believe it is unsound to attempt to in-
corporate an entire and distinct profes-
sion (dentistry) into a specialty of an-
other profession (medicine) which many
think is already too crowded with spe-
cialties.

In my opinion, the complete article
as written in *The Military Surgeon* fails

to outline an adequate plan for the Dental Corps in the event of war. This is the major consideration of all branches of the Army today. The War Department has always followed the principle that all staff departments are subordinate to the fighting branches. However, the Dental Corps occupies a very unique position in the military establishment—it is subordinate to a subordinate staff corps. To further encourage this policy of extreme subordination will never develop a corps of dental officers who will reach their maximum efficiency in the performance of their duties, either in time of peace or in war.

It is suggested that here is a problem for General Staff study with a view to granting by Army Regulations administrative authority to the Dental Corps, similar to that of all other staff corps.—
(Signed) *Army Officer.*

Conclusion

It is true that the relationship between many individual dental officers and medical officers is characterized by cordiality, understanding, and faithful cooperation in caring for the soldiers and sailors of the United States. It is the exceptional case in which the medical officer actually attempts to dominate or exert authority over the dental officer. The present status is one of courtesy, but not one of equitable authority. This courtesy arises from the innate decency of the officers, but the relationship should not have to depend on individual temperaments. The administrative authority of the Dental Corps should be prescribed by

order and by Army and Navy Regulations.

The Army and Navy of the United States are, in the words of the National Commander of the American Legion, "the most carefully trained and superbly equipped" military forces in the world today. All Americans are proud of that record. We cannot afford a single remediable inefficiency to exist in these organizations. This subject of *rank without authority* is not discussed here with a view to producing disharmony within the armed forces. Quite the contrary: it is brought into the arena of open discussion so that inequalities, injustices, and the domination of one Corps in the Army and Navy will be corrected. By so doing our soldiers and sailors will receive better health care from dental officers who are happier in the knowledge that they are commissioned officers in the Army or Navy of the United States, officers who have in *fact* the authority, rank, pay, promotion, and allowances of corresponding grades in other branches of the armed forces. No one is pleading for special favors or for the preferential treatment of dental officers. The plea is for: RANK WITH AUTHORITY.

708 Church Street
Evanston, Illinois

THE COVER

THIS MONTH, at the request of the Treasury Department, hundreds of magazines, including ORAL HYGIENE, are using cover designs featuring the American flag. Flag covers were also carried last July, when the Treasury Department first requested their use. ORAL HYGIENE's cover design is based upon a U. S. Navy photograph, and pictures a color guard.

July, 1943

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YOUR STORY MAY WIN \$100

Everyone has a story to tell—every dentist, dental assistant, dental hygienist, every person who has had a dental experience.



Every unusual or interesting experience you or someone else has had will make a human interest story—if you have the ability to tell it simply, directly, without literary flourishes.



Every dentist who achieves distinction in actual combat, dentists who are actively promoting the war effort, dentists who are prominent figures in political life, in radio, stage, or motion pictures, who have unique hobbies—all are excellent subjects for ORAL HYGIENE stories.



ORAL HYGIENE wants to know what problems of dental practice you have solved effectively, what changes the war has made in your office routine, your provocative thoughts about the future status of dentistry and dental education.



ORAL HYGIENE wants your story—if it will arouse the interest of other dentists, if it will help them, if it will promote the war effort, or if it expresses a significant, a forward-looking point of view.



To encourage you to write down your dental experiences in a con-

cise, readable form, ORAL HYGIENE is making substantial literary payments for articles on non-technical dental subjects.



A prize of \$100 will be presented each month for the best article accepted for publication in ORAL HYGIENE. All other manuscripts accepted will be paid for at the regular word rate.



It is important to remember that every article must have a dental angle. Specific articles will be given preference.



Here are a few rules to follow:

1. Do *not* write more than 1500 words.

2. Do *not* strive for a "literary" style. Write down your experiences or those of someone else in a simple, direct manner without padding or digressions.

3. Your manuscripts should be typewritten, double-spaced, and sent with return postage.



Good pictures or drawings to illustrate your article will be welcome.



Your story may win the \$100 prize. Send it today to:

Edward J. Ryan, D.D.S.
Editor, ORAL HYGIENE
708 Church Street
Evanston, Illinois.

Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Change in Dentures

Q.—I am a constant reader of your department. I have three questions I would like to ask and hope the answers may be of interest to other members of the profession.

1. Why do some dentures, which were in seemingly perfect occlusion on the articulator and in the mouth, occlude only on the more or less extreme posteriors after being processed and placed in the mouth?

2. Why do some lower dentures which were in so-called good occlusion on delivery come back in a few months with the anteriors in decidedly labial occlusion as related to the upper denture? What has happened to the denture or the mandible?

3. A patient wearing upper and lower dentures that seem to occlude perfectly, and which have been worn for several years, wants new dentures made. After wearing the new ones for, say six months, he tries again to wear the old dentures but finds that he cannot because they occlude only on the posteriors leaving a wide gap between the bicusps and incisors, (as mentioned in my first question). What is the change that has taken place here?—E. A. C., Indiana.

A.—1. I have always thought when this change has occurred that it took place in the laboratory processing procedure, either through a failure to close the flask completely, or because of the intrusion of the molars by excess pressure in closing.

2. As an edentulous bite closes because of shrinkage, or settling of dentures, the chin naturally comes forward as it moves upward, since it cannot go back further when the

condyles are seated in the glenoid fossae.

3. Some denture materials warp, pinching in at the heels, if they are left out of saliva or water several days, weeks, or months to dry. This may have occurred in the cases you have in mind.—V. CLYDE SMEDLEY.

Osteoma or Torus

Q.—I would be grateful for your assistance in diagnosing this unusual case.

A patient, a woman, 24, recently presented herself at my office for a dental examination. In addition to numerous cavities in her teeth, I found a hard, firm mass on the lingual surface of the upper right third molar area. This bony protuberance appeared on the palatal side, and extended about one-fourth to one-half inch inward to the center of the mouth. On the left side in the same region there was no sign of any abnormality.

This growth appeared ten years ago, showing up about two days after an extraction by another dentist.

Inasmuch as it does not cause any pain, the patient has never bothered with it, assuming it would disappear in time.

Roentgenograms (two of which are enclosed) were taken of the part, and in them I noticed an uneven appearance of the bone, surrounded by a dark area.

Could you offer me advice on what this growth is, and as to whether I could remove it surgically?—H. G., New York.

A.—Considering the clinical history of the bony enlargement on the lingual aspect of the maxillary tuberosity of your patient, one would think of an osteoma. How-

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ever, the roentgenographic appearance is that of a torus. To be sure, a torus palatinus is usually in the center of the palate and is, so far as I know, of slow growth and usually occurs, or is noticed, rather late in life.

Thoma¹ considers an osteoma as a benign growth and doesn't advise removal unless unpleasant symptoms are caused.

It seems to me that you can safely disregard your patient's growth unless it causes pressure symptoms because of its size.

If it is an osteoma there will probably eventually be a more definite line of demarcation between it and the surrounding bone. When such a line of demarcation can be seen in the roentgenogram, it is not difficult to enucleate the tumor.—
GEORGE R. WARNER.

Imbedded Metal

Q.—I am enclosing a roentgenogram taken of a man who is not and has not been a regular patient of mine.

I located the piece of metal in taking full mouth roentgenograms because of a heart disturbance.

The roots, of course, must be removed. Is it advisable to try to remove the piece of metal? Does metal produce an infection? I took three roentgenograms of this to be sure it is in the mandible. At first I thought I had scratched the film.—
O. B. K., Colorado.

A.—The roentgenogram enclosed with your letter shows, as you say, a piece of metal in the alveolar bone of the mandible. From the shape of this piece of metal I think one may assume that it is silver amalgam.

In our experience such pieces of silver amalgam are accepted by the

tissues without inflammatory reaction. And we know that silver plates have been used for many years to protect the brain from injury where holes in the skull left the brain unprotected. So I think you can leave this piece of metal *in situ* without fear of its being a source of infection.—GEORGE R. WARNER.

Hemorrhages

Q.—What are the remedies most commonly used to stop hemorrhages? I have used tannic acid for twenty years, but I wonder what others are used in cases where packing of the socket has to be done.

Can you give me information regarding the use of calcium lactate, also Vitamin K. As I understand it, these are used more to prepare the patient not to bleed rather than stopping the bleeding afterward.

I have never had a hemophiliac and hope I never will have. What is the procedure in dealing with them? I have understood that packing sockets will not do the job in a real hemophiliac. Is that correct?—B. F. M., Missouri.

A.—If you have had, and are having, good results in controlling hemorrhage with tannic acid, it may be the thing for you to use. However, I have to agree with you that pressure is sometimes necessary and, when pressure fails, it is sometimes best to find and tie off the bleeding vessel.

Calcium lactate is used preoperatively in cases where the blood clotting time is unfavorable.

Vitamin K is used for internal bleeding. According to the Council on Dental Therapeutics,² "There is, at present, no evidence as to the usefulness of Vitamin K preparations in dental practice."

In the *Journal of the American*

¹Miller, S. C.: Oral Diagnosis and Treatment Planning, Philadelphia, P. Blakiston's Son & Co., Inc., 1936.

²Vitamin K. Council on Dental Therapeutics, J.A.D.A. 27:1986 (December) 1940.

Dental Association is an exhaustive article entitled, "Blood Coagulation and Hemostatic Agents."³ In this article you will find full answers to all your questions; material too voluminous for me to quote. Hemophilia is dealt with in this article, and it will tell you why pressure to stop hemorrhage is futile in this condition.—GEORGE R. WARNER.

Trench Mouth

Q.—I have been having a disconcerting run of trench mouth cases, some of which are rather annoying.

I am not entirely satisfied with my methods of treatment which consist of the local application of neorsphenamine alternated with a treatment of 5 per cent chromic acid and peroxide.

These cases all clear up, but I'm still not satisfied, as I believe they can be treated orally and systemically better.—H. E. W., Washington.

A.—It has long been recognized that Vincent's infection of the mouth is associated with, or related to, general debility or avitaminosis. The use of Vitamin C has been recommended because of its favorable effect on connective tissue.

The use of citrus fruit juices is advised in all cases where the pa-

tient is not allergic to them. We advise using at least a pint daily until the condition is under control.

Some men are using ascorbic acid instead of food sources of Vitamin C. In such cases they may start with 400 milligrams per day for a few days, and then cut the dose to 200 milligrams per day. However, the blood plasma should be tested to see that the content is not too high.

Raduseh⁴ says, "It is better procedure to use natural food sources to furnish Vitamin C in the diet. There are many data indicating that the body uses Vitamin C from food better than from pure ascorbic acid."

Guion⁵ reports the good results obtained from the use of 250 milligrams of nicotinic acid daily for ten days on patients with Vincent's disease.

I must warn you, however, that this much nicotinic acid will result in some discomfort, such as flushing of the face and a feeling of extreme heat of the body.—GEORGE R. WARNER.

⁴Raduseh, D. F.: Vitamin C Therapy in Periodontal Disease. J.A.D.A. 29:1652 (September) 1942.

⁵Guion, J. H.: Nicotinic Acid for Vincent's Disease, (Current Literature) J.A.D.A. 28:346 (February) 1941.

³Blood Coagulation and Hemostatic Agents, Council on Dental Therapeutics, J.A.D.A. 29:673-680 (April) 1942.

THESE STORIES WON PRIZES

During the first six months of the ORAL HYGIENE Contest the \$100 prize went to outstanding stories written by a former dentist in the German Army, a dentist to a circus troupe, a dentist back from the jungles, a previewer of dentistry in the year 2143, an instructor in physical education, and a medical officer of the Navy. For details of this monthly contest see page 967.

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—they're truly "kind to the tissues!"



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Isolated section indicates
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The unusual resilience of DENTA PEARL teeth enables them to absorb the repeated impact shocks of mandibular pressures.

- Reduced impact shock helps preserve the ridge, prevents sore spots, possible rapid alveolar absorption.

And the grinding abrasive action (customary with ordinary teeth) is replaced with the feeling of gliding lightness and ease.

- Absence of abrasion prevents wearing down of opposing natural teeth — eliminates traumatic sensitiveness and possible loss of function.

Preserve Patient Poise with DENTA PEARL teeth . . . they're durable, light, comfortable, clatterproof, esthetic.

JUSTI Products for Modern Prosthetics

D. JUSTI & SON, INC., PHILADELPHIA, PA. — RELIABLE DENTAL PRODUCTS SINCE 1864

Laffodontia

A little girl was put in an upper berth for the first time. She kept crying till her mother told her not to be afraid because God would watch over her.

"Mother, are you there?" she cried.

"Yes."

"Father, are you there?" she said.

"Yeah."

A passenger lost patience and belatedly: "We're all here. Your father and mother and brothers and sisters and aunts and uncles and cousins. All here—now go to sleep."

There was a pause, and then very softly, "Mama."

"Well?"

"Was that God?"

★

The mother who protested when she found her daughter sitting on a young man's lap received the naive response, "But, Mother, that's what you told me to do. You said if he got too smart to sit on him!"

★

Foreman—"When will your father's leg be well so he can come back to work?"

Son—"Oh, not for a long time yet."

Foreman—"Why?"

Son—"Cause compensation's set in."

★

The weary and taciturn night clerk at one of Washington's overcrowded class C hotels, picked up the telephone receiver for the fiftieth time within an hour. "Well, what's biting you?" he barked.

"That" said an outraged guest "is exactly what I want to know!"

"Statistics show that the eyesight of boys is superior to that of girls."

"Yeh! I know. I fell for a girl last summer who can't see me at all."

★

Frosh—"I was out with a nurse last night."

Co-ed—"Cheer up. Maybe your mother will let you go out without one sometime."

★

"You say your sister makes up jokes; then she's a humorist?"

"No; she works in a beauty parlor."

★

A student, getting back to school late, had difficulty in obtaining a suitable place of lodging.

One landlady, showing him a dingy bedroom, remarked persuasively, "As a whole, this is quite a nice room, isn't it?"

"Yes, madam," he agreed, "but as a bedroom it's no good."

★

Cutie—"Darling, sometimes you are masculine and at other times so effeminate. How is that?"

Cootie—"I suppose it's hereditary. Half my ancestors were males and the other half were females."

★

Boss—"By the way, Miss Geeven, are you going to have dinner anywhere this evening?"

Steno—"No, not that I know."

Boss—"My, my! That's too bad. You will be awfully hungry before morning."

Those Precious Casting Rings!

CASTING rings, of war-time critical metals, are suddenly precious. Make yours last, until Victory, by investing only with Kerr Cristobalite, the chlorine-free material that never corrodes rings or the delicate nichrome elements of your furnace.

At the same time, get silky-smooth castings of precision not otherwise attainable—castings that will also easily brush clean without dangerous digging.

All this, regardless of the technic you may use. Cristobalite fits them all.

KERR DENTAL MFG. CO.

Established 1891

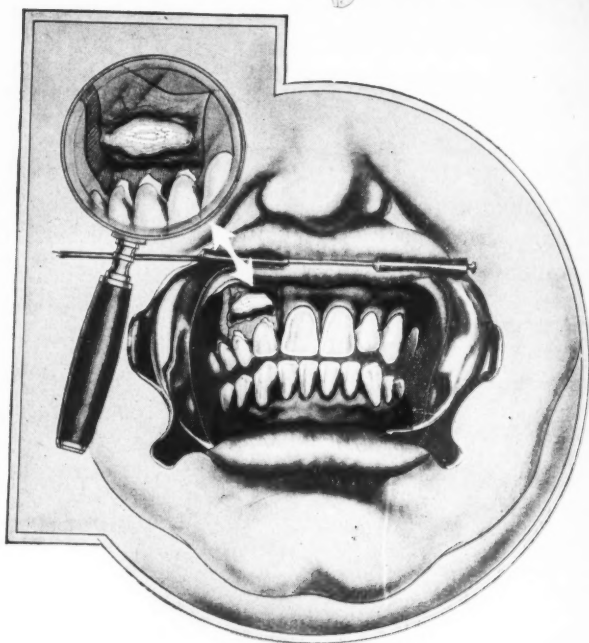
Detroit, Michigan

These rings have made thousands of castings with Cristobalite. Unretouched photo.



KERR *Cristobalite
Investment*

REG. U.S. PAT. OFF.



FASTEETH

Alkaline DENTIFRICE

IRRITATION IN THE DENTURE AREA

Tender gum tissues, unaccustomed to the pressure of a new denture, sometimes become sensitive and irritated. When tissues are so sore that they react unfavorably to the new denture the period of adjustment and adaptation may be unduly prolonged.

FASTEETH checks and soothes soreness and inflammation due to chafing and hyperacidity, thus helping patients to tolerate new dentures quicker and better. Notice the tone of tissues in cases where FASTEETH is used.

FASTEETH
e DENTURE POWDER

Alkalinity Helps

CLARK-CLEVELAND INC., BINGHAMTON, N. Y.

This is it...

Here is fine anesthes

one of our thre

... each safe

the duration of an

surgic



PROCAINE



HYDROCHLORIDE SOLUTION 2%

with EPINEPHRIN PFINGST

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procedure

...each permitting

most rapid recovery of tissue

E

2%

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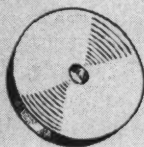
A. PFINGST



62 COOPER SQ

NEW YORK CITY

For
gentle, efficient
POLISHING
and
CLEANING



"CHROME" WHEELS

Now — after a long period of testing — Martin presents a fine new polishing wheel, made with a large percentage of a special abrasive, remarkably effective for polishing stainless steel, alloy and even precious metal restorations. "Chrome" Wheels leave a satin-smooth surface, free from scratches. A special Clasp Polisher, bullet-shaped, made of the same material as "Chrome" Wheels is also available.

"Chrome" Wheels \$4.00 for 100
Clasp Polishers \$4.25 per 100

POLISHING WHEELS

Martin Polishing Wheels, made of fine grade rubber and a gentle abrasive, produce a mirror-like polish on the finest gold and other precision metal dentures. They are flexible . . . they polish thoroughly, but gently.

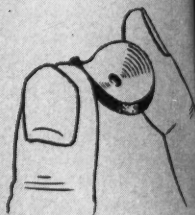
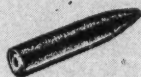
Box of 100 — \$2.75



Tepper's STERI-CLEANER

Tepper's Steri-Cleaners are scientifically designed to give you the finest possible finish on fillings of all types, they are excellent for cleaning teeth, for they get into every corner of every tooth surface. And — they are particularly effective for polishing inlays and other precious metal restorations.

Tepper's Steri-Cleaners polish quickly, they contain no loose pumice, because the pumice is incorporated in the rubber binder. Available in boxes of Discs, Cups and Juniors at \$1.00 a box. Obtain through your dealer.



MARTIN
RUBBER
COMPANY
INC.

LONG BRANCH, N. J.

Please
Name
Address
My dr.
Address

Help them get a
good start



with

MOY

HOLDING POWDER FOR DENTURES

Correctly made, perfectly fitted dentures need no holding powder for proper functioning.

But a patient who has never before worn any teeth but his own presents a problem that calls for some additional help during the period of adaptation.

MOY can help in bridging that uncertain, nervous period while the patient is attaining complete mastery of his unfamiliar new denture.

More dentists every day are recommending MOY to create confidence—to speed mastery of the dental plate—to hasten proper mastication.

Snowy-white and U.S.P. peppermint flavored, MOY forms an alkaline suction-cushion that holds teeth in place even tho' the wearer is entirely unaccustomed to them. It won't show thru transparent dentures—it helps prevent gagging—keeps breath pleasant. *And it lasts hours longer!*

Why not send for free professional samples today? No obligation, of course.

J. BIRD MOYER COMPANY
1210 Vine Street, Phila., Pa.

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TODAY

THE J. BIRD MOYER CO.
1210-14 Vine St., Phila., Pa.

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Please send samples of MOY, the white, alkaline holding powder to:

Name
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My druggist is
Address

CLEAN

scientifically
possible finish
excellent for
every corner of
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and other pres

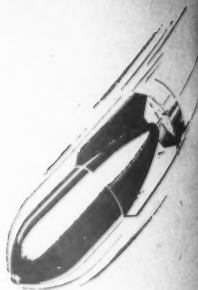
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available in bo
1.00 a box. C

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H, N. J.

It's HERE!

Lang



Elastic Impression Material

A new elastic impression material that requires no boiling, no heating, no water-cooled tray. The technique is simple and time-saving—simply mix the powder with water and transfer the mix to the impression tray. After three minutes in the mouth, you have an impression that is flexible, tough, and accurate in every detail.

This material combines all the desirable characteristics of the finest hydro-colloid, plus a greatly simplified technique, less time per impression, and greater patient comfort.

Packaged in boxes of 12 units.

Each unit contains 70 c.c.'s of powder.

The price is \$4.00 per box.

OTHER *Lang* PRODUCTS

All certified to A. D. A.

White Beauty Alloy

Lang Dental Crown, Bridge
and Inlay Cement

Lang Acrylic Denture
Material

- 1 Its elasticity permits easy removal from the deepest undercuts.
- 2 Its toughness prevents cracks and breaks.
- 3 Its comfort and coolness in the mouth promote favorable patient reaction.
- 4 Its fine surface produces smooth, clean models of precision accuracy.



The manufacturer's guarantee is specific: Unless the purchaser is perfectly satisfied, he may return the unused portion for full credit.

Write us so that we may have a Lang dealer supply you.

Lang

DENTAL MANUFACTURING COMPANY
828 Montrose Ave., Chicago, Illinois

Inquiries from overseas dental supply dealers invited!

2 Products of **SPECIAL MERIT**

WORTHY OF YOUR RECOMMENDATION



ANACIN

A combination of medically proven ingredients for **FAST RELIEF OF PAIN** after instrumentation or extraction.

and the *NEW*

BENEFAX

VITAMIN CAPSULES

for Supplementary Vitamin Therapy

HIGH QUALITY

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| 100 days supply Multi Vitamins | \$2.89 |
| 100 days supply A & D Vitamins | .98 |
| 100 days supply B-Complex Vitamins | 2.19 |

LOW COST

- Also in boxes of 14's and 28's
- Benefax Vitamins are easy to recommend correctly. Just indicate the type of vitamin by color:
- The red capsules in the red box B-Complex
 - The yellow capsules in the yellow box A & D
 - The orange capsules in the orange box Multi

Recommend Benefax High Potency, low cost vitamins for your patients

THE ANACIN COMPANY
JERSEY CITY, N. J.



So Pure You Eat It

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Free Sup

DR

ADAM





u E in Ice Cream and White as Snow

In 7 out of 10 cases, Dr. Wernet's may make all the difference in the crucial adaptation period.

A gentle dusting of the plate with this superior, snow-white powder has proven over and over again to be a "very present help in time of trouble." Promotes confidence in the patient's first attempts to manipulate the denture; makes the task easier for the dentist.

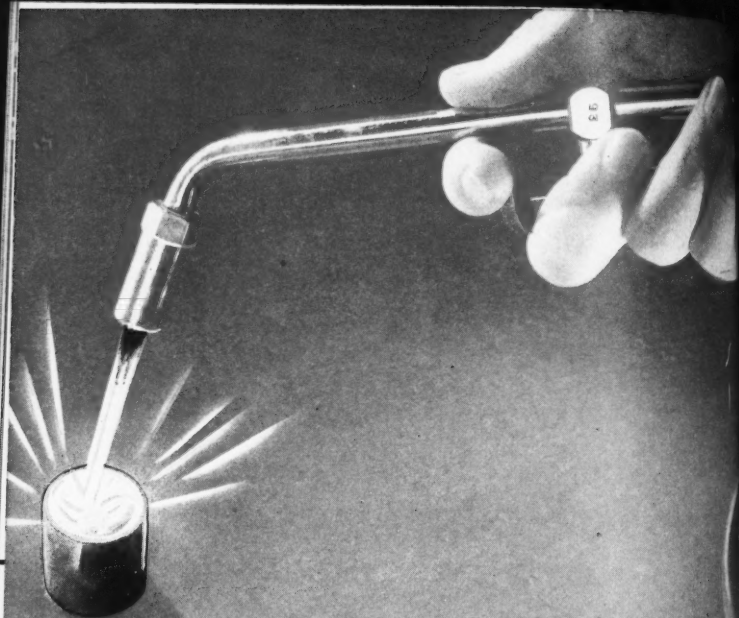
Acceptable on sight to the patient, easy and pleasant to use because of its delicacy and purity. The basic ingredient of Dr. Wernet's is the same ingredient used in the making of ice cream.

Impartial laboratory tests prove Dr. Wernet's powder to be 26.1% whiter and purer than the average of leading competitors, 50% more viscous (for maximum security) and 46.5% more absorbent (for faster denture control).

Free Supply on Request. Wernet Dental Mfg. Co., Dept. 1-G, 190 Baldwin Ave., Jersey City, N. J.

DR. WERNET'S POWDER

ADAPTS THE PATIENT TO THE DENTURE



Aristaloy restorations have the characteristics of cast metal. Its specially comminuted particles which may be packed into a minimum of space, build a final structure so dense that only a negligible proportion of mercury is retained to diffuse into the alloy.

Aristaloy

BAKER

Complies with A.D.A. Specification #1.

BAKER & CO., INC. • 113 ASTOR STREET • NEWARK, N. J.



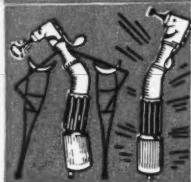
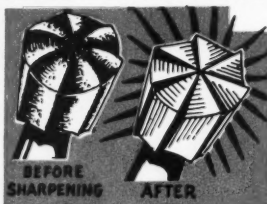
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Durallium **QUALIFIED LABORATORIES**

K, N. J. DURALLIUM PRODUCTS CORPORATION • CHICAGO

BURS!

NAVY & ARMY USE MULLEN SHARPENED BURS



HANDPIECES

Wobbly handpieces annoy you . . . and pain patients. We remove all old parts. Then "lap in" new parts to micrometer fit! Smooth quiet operation like NEW! Contra-Angle 3.85. Straight Handpiece 9.00. Unconditionally guaranteed.

SEND dull burs to MULLEN now. Our grinding specialists sharpen them like new burs. Burs are sorted first. Only those that will give NEW BUR SERVICE are selected. Special sharpening stones run *thru water-filled sponges* keeping burs cool. Therefore *no loss of original temper* while re-grinding to new, keen edges. MULLEN Sharpened Burs never scrape or heat . . . they CUT! Assure you faster, easier, painless work. Price 3.50 per gross. Send your old burs today. Work is *unconditionally guaranteed*.

You can rely on Mullen Service. Well known for many years. Used by ARMY and NAVY.

\$1 Trial

Special! Send 4 dozen Burs. Re-Sharpended like new for only \$1. (Introductory only) Guaranteed Fully.



Mullen Bros., 153 W. 69th, Chicago

STERO-OIL

**"KEEPS 'EM
RUNNING"**

One BOTTLE .. One MINUTE .. One OPERATION!

YOUR costly handpiece will run better, last longer, and need less repair, if you run it in STERO-OIL just one short minute after use on each patient.

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STERO-OIL
OILS - cleans - helps to
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AT YOUR
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Our grinding
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*Criterion
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Partial Denture Casting Gold*

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APPROVED AND ACCEPTED BY
THE INDUSTRY'S LEADERS

CRYSTOLEX



No. 3 of a series

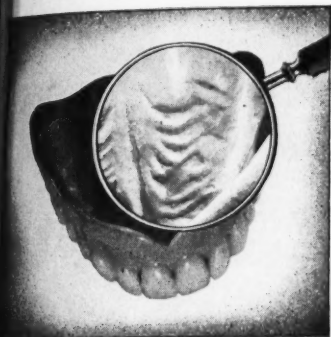
All approve POLIDENT for safe brushless cleansing of acrylic resin restorations

To safely prevent mucin-film, stains, tarnish from deadening the beautiful lively color of Crystolex and other acrylic restorations, makers of these products approve daily use of Polident. Take their expert and considered advice. Your patients will delight in the easy way Polident cleans and polishes plates like new—*without brushing*—harmlessly dissolves away discoloration and odors.

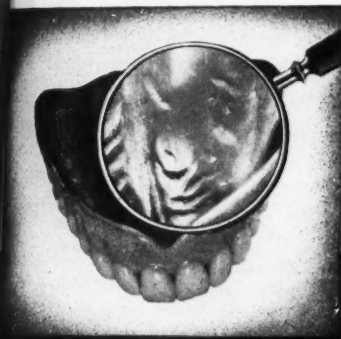
FOR SAMPLES write Hudson Products Inc., 8 High Street, Jersey City, N.J.

** After being subjected to long-time tests, Polident won positive approval by this and other leading makers of denture materials; is one of the denture cleansers they accept and approve.*

Warn Denture Patients about Abrasion Dangers

**BEFORE**

Unretouched photo of new denture, enlarged 1.4 diameters, showing palatal ridges.

**AFTER**

Unretouched photo of same plate after 1500 strokes of brush with household cleanser in abrasion machine. Palatal ridges worn down badly.

POLIDENT

The Safe, Modern Way to Clean
Plates and Bridges

Laboratory Tests Reveal That Abrasive Action of Brushing May Destroy Denture Fit

Every denture patient should be warned that dental plates are softer than natural teeth and should not be brushed with abrasive makeshift cleaners such as toothpowders, toothpastes and household cleansers.

Laboratory tests reveal that such brushing wears down the fitting ridges, and in addition scratches the polished surfaces, causing film and stains to collect faster and cling together.

"PLAY SAFE...

USE POLIDENT"

These four words are good "follow through" in a dentist's service to his denture patient. The patient will long remember who told her about the Polident *soaking* method of cleaning dentures, which not only cleans plates better but eliminates the risk involved in brushing methods.

Write for free supply of samples
Hudson Products, Inc., Dept. 1-G,
8 High St., Jersey City, N. J.

APPROVED

Polident is approved by the leading makers of acrylic resin and other modern denture materials.

AT LAST

The full potency of procaine

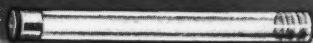
WITHOUT HYDROCHLORIC ACID



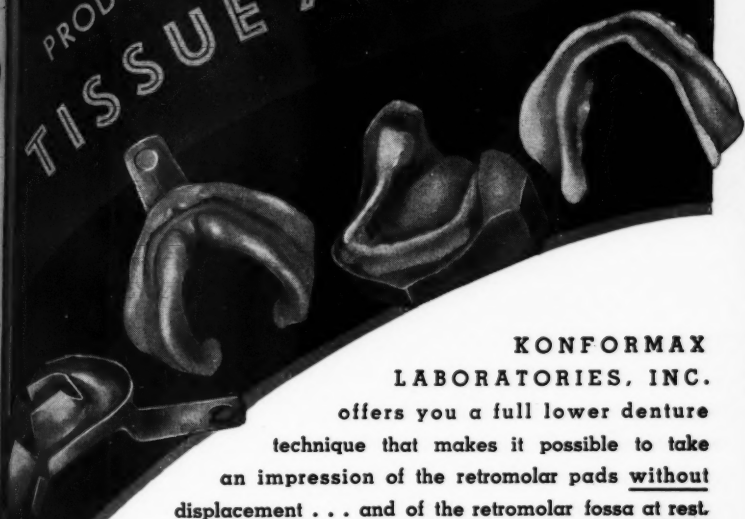
● Both you and your patients will welcome the gentle potency of Glucaine . . . This modern form of procaine solution introduces the mild sugar derivative, gluconic acid, as a vehicle . . . Glucaine has already been extensively used and it invariably demonstrates the fact that being easily assimilated by body tissue, it delivers a fast, profound and completely dependable anesthesia . . . with a minimum of cell disturbance.

LEE S. SMITH & SON MFG. CO., PITTSBURGH, PENNA.

GLUCAINE
The Modern Anesthetic



IMPRESSIONS
PRODUCED WITH
TISSUE AT REST!



**KONFORMAX
LABORATORIES, INC.**

offers you a full lower denture
technique that makes it possible to take
an impression of the retromolar pads without
displacement . . . and of the retromolar fossa at rest.

The easy flowing consistency of Konformax Impression
Material permits it to accurately reproduce every minute
detail of the ridge. It will not displace tissue. It will not
cause gagging.

Dentures made by the Konformax method are
stabilized. They cause no irritation and thus prevent
changes in the alveolar process.

WRITE FOR ILLUSTRATED FOLDER DESCRIBING "TECHNIQUES
FOR PRACTICAL FULL LOWER AND UPPER DENTURES."

KONFORMAX LABORATORIES, INC.
1720 Avenue Y, Brooklyn, N. Y., U. S. A.



This is YOUR Any



IDEAL TOOTH INCORPORATED · CAMBRIDGE, MASS

R Any - **Dr. Jones . . .**

THEY are your patients, here at home. They will need you more than ever. Your responsibility is greater, because many of your colleagues are now in the armed forces. More people depend on you for better dentistry . . . for better, more efficient dentures.

Time is short. Save valuable hours by using time-tested teeth that you know will completely satisfy your patients . . . the teeth most natural in appearance . . . the teeth with a proven record of unusual strength.

The original masterpiece, Dr. Myerson's TRUE-BLEND teeth, have an unequalled record as to strength . . . they are the most natural in appearance. Now, in war-time, more than ever before, the best is indicated for all your cases. For the best . . . the safest . . . the most natural . . . in dental restorations, use

Dr. Myerson's
TRUE-BLEND Anteriors
and
TRUE-KUSP Posteriors

WHEN BETTER IS AVAILABLE

The technique employed for processing Ticonium restorations is more and more scientific. It is now being taught in many of our prominent universities.

"YOU GET MORE WITH TICONIUM"

Only  possesses these extra advantages

- 1 **DENSER CASTINGS**--Electrically melted, Ticonium maintains its original physical properties.
- 2 **STEEL DIE ACCURACY**--The great accuracy of Ticonium restorations saves time in fitting and adjusting.
- 3 **CAST OR WROUGHT CLASPS**--Ticonium may be fabricated with either cast or wrought wire clasps of the same basic alloy.
- 4 **EASY TO SOLDER**--Repairs and additions can be made with a high grade gold solder and Ticonium flux.

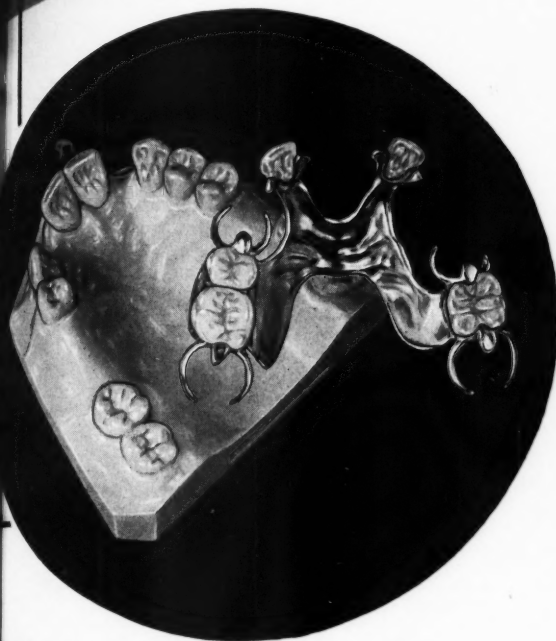
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LABORATORY NEAR YOU

A Triple Guarantee of Satisfaction

AS AN AMALGAM SUBSTITUTE
FOR POSTERIOR AND BICUSPID CAVITIES

SYNTHAY SYMPLEX can be used as an amalgam substitute for POSTERIOR and Bicuspid cavities. Restores corners where much tooth-substance must be replaced.

FOR
CEMENTING
PORCELAIN
CROWNS

SYNTHAY SYMPLEX can be used for cementing PORCELAIN JACKET CROWNS and metal crowns. No heat-distress is experienced. Sets promptly in the mouth when mixed stiff or thin.



TO REPLACE
AMALGAM
FOR DIES OR
MODELS

SYNTHAY SYMPLEX can be used to replace amalgam for dies or models. Becomes hard enough to use in 30 minutes. SYNTHAY SYMPLEX sets so hard, its crushing strength is not exceeded by any other similar product.

GARHART SYNTHAY SYMPLEX

Costs
ONE THIRD
Less

Powder Portion each \$2.00
Liquid Portion each \$1.00

Assorted Packages, 4 powder portions and
2 liquid portions, \$8.50.

GARHART REGULAR CEMENT

Mixed slow or fast—It's always a smooth mix. Prompt setting, free flowing, enduring dense, less heat-distress. No lumps, granules, clots or gas. Light, Pearl-Yellow-Gray, and Gold Brown. Use Ceramic—Special for Porcelain Jacket Crowns.

GIANT PORTIONS

(20% LARGER)

12 Portions . . . \$10.00

6 Portions . . . \$ 5.00

1 Portion . . . \$ 1.00

GARHART 25% PURE COPPER CEMENT

Has greater strength and less shrinkage than any other copper cement because of its 25% pure metal copper content. Potently germicidal. Perfect for filling deciduous teeth.

Order GARHART Products from your Dealer

GARHART DENTAL SPECIALTY CO

FINE FILLING MATERIALS SINCE 1892

KENDALL SQUARE • CAMBRIDGE, MASS

You
DENTIST:
Powder po
average of
have to pr
in tooth p

The Peps
141 W. Ja
Please ser

☐
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Name.....

Address.....

City.....

T

You asked for it, Doctor— so here's Proof!

DENTIST: Your ad says that Pepsodent Powder polishes teeth *twice as bright* as the average of all other leading brands. You'll have to prove there's that much difference in tooth powders.

US: Frankly, we can't blame you for being skeptical, for even we were amazed at Pepsodent's remarkable polishing ability. That's why exhaustive tests were conducted in independent laboratories, in dental chairs, and finally on sets of identical twins. Each test confirmed previous tests.



DENTIST: Your Twin Tests sound particularly interesting, but in these times we dentists are too busy to make similar experiments. Are the results of your research available in concise form?

US: Yes, doctor, and here's proof—all wrapped up in two short booklets that will take only a few minutes to read. And if any of your friends are interested, ask them to send for their free copies.

The Pepsodent Company, Dept. 8407
141 W. Jackson Blvd., Chicago, Illinois

Please send me gratis:

- ☐ "Seeing Double—A True Story About Identical Twins"
☐ "Lustre Production by Tooth Powders"

Name

Address

City State

Thank you, doctor!

We appreciate your continued support and recommendation of Pepsodent products. Although wartime restrictions keep us from sending you samples, you may be sure that you will again receive them as soon as production permits.

THE PEPSODENT COMPANY

The Birth of a System . . .



FROM his nineteen years of study of numberless faces of all forms, Dr. J. Leon Williams distilled Nature's basic law of face-form and tooth-form harmony thus the Trubyte System was born.

The Trubyte System made practicable the application of the law of face-form and tooth-form harmony to the selection of artificial teeth.


Its world-wide acceptance by the dental profession acclaims its value in the selection of teeth for distinctive dentures. Trubyte New Hue Teeth are classified according to the Trubyte System. They provide anatomically correct forms and assure a harmonious form for every face, and a size — the right size — for every case.

THE DENTISTS' SUPPLY COMPANY OF NEW YORK

220 West 42nd Street,

New York, N. Y.

Faces . .
Nature
basicall
or Ovoid
attracti
harmon



Faces . . . for all of mankind.
Nature herself made them
basically Square, Tapering
or Ovoid . . . and, in her most
attractive natural dentitions,
harmonized tooth form with
face form.



TRUBYTE

NEW HUE TEETH

HARMONIOUS FORMS • NATURAL SHADES



**Bonded
By A
Money-back
Guarantee
To Be**

**"Permanent as the Denture
Itself"**

THE FIRST AND ONLY PERMANENT LINER

No Processing . . . Ready to use from the tube. No Guesswork.

Color . . . for perfect blending with the denture base.

Simplified Technique . . . only about 20 minutes chair time.

Subsequent Corrections . . . easy to meet tissue changes.

Low Cost . . . About 75c per liner. \$10. per No. 1 tube.

Order From Your Dealer or Write Direct For Details

CRAIG DENTAL PRODUCTS INC.

185 N. WABASH AVE.

(Of Illinois)

CHICAGO, U. S. A.



*For Quality
& Economy. Use*

**MASEL
READY MADE
CROWNS**

**available in
PLATINUM—GOLD**

Order from your Dealer

Over 200,000 EXPOSURES!

Yes sir, that's right! And this FISCHER dental x-ray unit, whose record is already over 200,000 exposures, has "just begun to fight." The present day emergency is the proving ground of quality. That FISCHER apparatus, wherever in use, is standing up in service, is proof of its year-by-year dependability. You can't go wrong with FISCHER and you can still get FISCHER on WPB authorization.



H. G. Fischer & Co.

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Chicago, Illinois

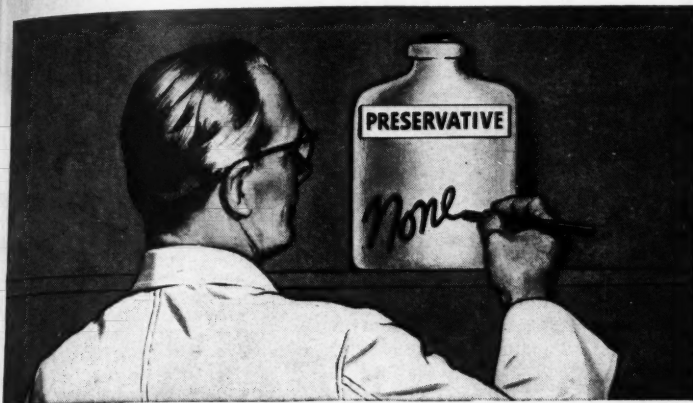
Castle

will help you get the most from your sterilizer. Send for your FREE copy of "The Castle Manual of Correct Sterilization."



WILMOT CASTLE COMPANY
1101 UNIVERSITY AVENUE 7 ROCHESTER, N.Y.

THE NUTRITION CLINIC ★ WITH SPECIAL REFERENCE TO CANNED FOODS



To keep the record straight on "preservatives"

WOMEN don't use preservatives for home canning, yet many of them suspect that preservatives are used in commercial canning.

To help you explain that heat alone is what "keeps" the food,

our Nutrition Laboratories have gotten together a brief statement with references.

If this question comes up in your practice, we direct your attention to the statement below.

"IN COMMERCIAL CANNING, heat is the agent used to keep the foods wholesome. The foods are subjected to heat treatments which have been found by careful laboratory studies and commercial practices to be adequate to destroy all objectionable microorganisms capable of growing in these foods and causing them to spoil. The permanently sealed can then protects the foods from further exposure to such microorganisms which abound in nature." (1) *The Canned Food Reference Manual*, American Can Company, New York.

AMERICAN CAN COMPANY

230 PARK AVENUE
NEW YORK, N. Y.



The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

Often called
THE IDEAL CLEANSING
AND STIMULATING
AGENT...the
DR. BUTLER
Toothbrush



A stimulating agent
first . . . cleansing is
secondary and auto-
matically follows.

**MAKE
YOUR OWN
COMPARISON**

Send 40c for two adult
brushes.

Then make your own
comparison with
other brushes!

**SEND
THIS
COUPON
TODAY**

JOHN O. BUTLER CO.

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7359 Cottage Grove Ave., Chicago, Ill.

I enclose 40c for two brushes. Send me:

SYNTHETIC

- ☐ Med. Bleached
☐ Hard Bleached
☐ Extra Hard Bleached

Dr.

Address

City & State

*Don't betray
their
Trust!*

Patients go to you because
they have confidence in
your ability to preserve
and protect their teeth.

Dentists turn to us for
Silvodont, knowing that
Silvodont sets harder
and faster than any other
Oxy-eugenol ever de-
veloped . . . that Silvo-
dent can be placed in
direct apposition with
vital pulps . . . that it
soothes and saves with
a minimum of discolora-
tion.

Over 400,000 packages have been
sold to satisfied dentists. This
is PROOF, we believe, that
Silvodont meets a real demand
in dentistry.



O-7-43

THE SILVODENT COMPANY

1708 N. E. Alberta St., Portland, Ore.

You may send me a copy of your
FREE booklet about SILVODENT,
Oxy-eugenol Silver.

Dr.

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City

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**SEND COUPON FOR FREE
TECHNIQUE BOOK**



RESULTS VS. Consequences

WHICH?

The responsibility is yours . . . *alone* . . . and the patient makes no allowance for failure.

Where the choice of metal is involved, Dee Gold simplifies your procedure and gives you the highest degree of assured results . . . *predetermined results, if you please* . . . as against consequences.

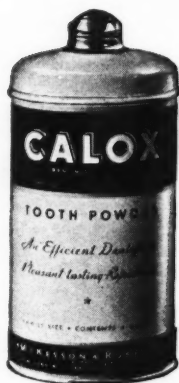
If you are one of the harassed Dentists of today, you will find Dee Gold an important time-saving factor . . . easy to process . . . a simple office adjustment often taking the place of a "come-back-tomorrow" visit.

Results are the foundation of prestige and profit; *consequences* can be costly in time, energy, and money.

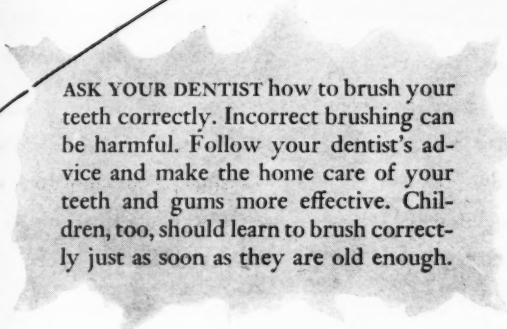
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Precious Metals
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DOWNTOWN OLD GOLD
AND SALES OFFICE
55 E. WASHINGTON ST.



Calox Tooth Powder radio
announcements carry to the
consumer a message such
as this



ASK YOUR DENTIST how to brush your teeth correctly. Incorrect brushing can be harmful. Follow your dentist's advice and make the home care of your teeth and gums more effective. Children, too, should learn to brush correctly just as soon as they are old enough.

he HEMODINE Technique saves time,

HEMODINE IS:

1. HEMOSTATIC
2. GERMICIDAL
3. ANALGESIC

Hemodine is a completely stable, antiseptic solution used routinely to control excessive bleeding and hemorrhage. It is one of the most important modern medicaments in dental practice. Here are a few of its routine applications:

1. Hemodine is used in combination with mechanical technique for the cessation of secondary or post-extraction hemorrhage. In most instances bleeding is curtailed within 8 seconds after application.

2. Hemodine is used to clear operative areas of blood where further work is to be done. It is especially valuable for clear operative vision in root extraction operations.

3. Hemodine makes it possible to avoid delay and waste of chair time when blood flow interferes with the dry placement of silicate, cement or amalgam fillings.

4. Hemodine is used with great success in prophylaxis.

5. Many Doctors use Hemodine before making a needle puncture.

You will find many other uses for Hemodine in your practice.

HEMODINE

MIZZY, INC. • Manufacturers • 105 E. 16th •

...s change, promotes safety and comfort!

The action of Hemodine is highly efficient whether it is applied specifically as a Hemostatic agent, as an Antiseptic medium, as an analgesic or for the combined action of all of its medicinal properties.

Hemodine can be used with utmost safety. It is non-toxic, non-irritating and benign to tissue regeneration. Apply it freely in any part of the mouth without fear of irritation. Hemodine will not cause sloughing of tissue... it will not stain teeth... it is tasteless and odorless.

Your dealer carries Hemodine in stock now—he can supply you without delay * * * * *

IMPORTANT

Hemodine must be used freely to attain best results. We recommend that Hemodine be applied either by well-saturated pledgets of cotton or dispensed from a dropper. Hemodine will not stain teeth nor irritate tissue no matter how generous or frequent the applications * * * * *

BE SURE TO USE
IT FREELY!

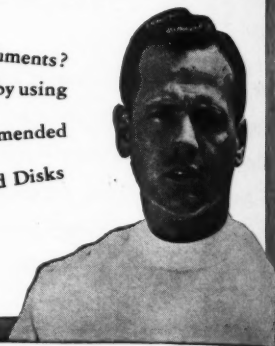


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E. 167 • NEW YORK

Answering **YOUR** Questions about **Diamond Instruments**

1. Which are the *best* Diamond Instruments?
2. What definite advantages will I gain by using Diamond Instruments?
3. What special techniques are recommended for best results?
4. How can I buy Diamond Points and Disks most economically?



STARLITE *Diamond Instruments*

POINTS & DISKS Made **RIGHT** in America

ANSWERS—

1. "Complete satisfaction" is reported by 96.5% of Dentists using Starlite Points and Disks.
2. Starlite Diamond Instruments will give *you* greater efficiency, accuracy and speed and add to your patients' comfort.
3. Profusely illustrated booklet, soon available, describes in detail the use of Starlite Diamond Instruments for

modern cavity preparation. Write to reserve your copy.

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Illustrated folder
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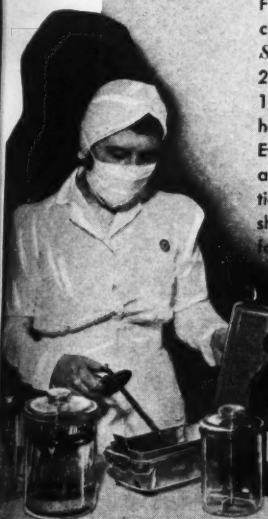
1217 SPRING GARDEN STREET, PHILA. 23, PA. • Please Address Dept. O

Protecting inherent qualities of
instruments...secondary only to asepsis

Bard-Parker Formaldehyde Germicide

not only provides high germicidal potency—prolonged immersion of delicate steel instruments will not result in rust or corrosive damage. Obviously, the functional efficiency of any instrument depends upon such protection of its inherent factory qualities during the sterilizing process.

From the standpoint of asepsis . . . knife blades covered with a dried blood contamination of *Staph. aureus* are consistently disinfected within 2 minutes. The solution is sporicidal, too! Within 1 hour the spores of *B. anthracis*, and within 4 hours the spores of *Cl. welchii* are destroyed. Even the extremely resistant spores of *Cl. tetani* are killed within 18 hours. To insure the destruction of all forms of pathogenes, instruments should be continuously immersed in the solution for not less than 18 hours.



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PARKER, WHITE & HEYL, INC.

DANBURY, CONNECTICUT

A **BARD-PARKER** PRODUCT

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COSMOS DENTRODU

ly deceptive



Deception in this sense
is a prized
"looked-for" quality.

Densene is not
the usual "popular pink" concept.

It duplicates oral appearance
and misleads the observer
to recognize it definitely
as living tissue.



Densene

DENTAL PRODUCTS, INC. • 115 West 45th St., NEW YORK

WHO ARE THE MEN BEHIND THE "FACTS" ?

FACTS quoted by PHILIP MORRIS are based on studies conducted by recognized authorities whose work is known to the profession... whose findings have been published in leading medical journals.*

Their tests, not only in the laboratory, but in the clinic as well, have conclusively *proved* PHILIP MORRIS Cigarettes to be *definitely and measurably less irritating* to the sensitive tissues of the nose and throat... an advantage due to a difference in the manufacture of PHILIP MORRIS.

May we suggest that you try PHILIP MORRIS, and observe the results for yourself?



PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.
119 FIFTH AVENUE, N. Y.

* *Laryngoscope*, Feb. 1935, Vol. XLV, No. 2, 149-154.
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60. *Proc. Soc. Exp. Biol. and Med.*, 1934, 32, 241.
N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.

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COE-LOID POWDER

(Tried and Proved Elastic Impression Material)

is a modern

SCIENTIFIC IMPROVEMENT

over the

Thermoplastic Hydrocolloids



**REQUIRES NO HEAT
NO CHILLING... NO
SPECIAL EQUIPMENT**

Trade-Mark Registered U. S. Pat. Office

Do You Know These Facts About Coe-Loid Powder?

Coe-Loid Powder has been on the market only a little over a year. In this short time it has become so popular that we have been able to reduce its price 20%—as a result of mass production economies.

Coe-Loid Powder is easy to use. Requires no special techniques, no heat, no chilling, no expensive equipment or gadgets. It is quick to prepare—saves you precious time. Just add cool water, spatulate, put in perforated tray, and take the impression. Note that Coe-Loid Powder is now packed in moisture proof metal tubes offering greatest protection of contents against humidity. Be *sure* with Coe-Loid Powder!

Coe-Loid Powder is not a substitute for the thermoplastic hydrocolloids of pre-war days. It is a modern scientific improvement. Your patients prefer it because it is cool and comfortable in the mouth, of refreshing taste, and pleasing color. You will prefer it, doctor, because it is quick to prepare, easy to use, and produces accurate impressions and hard, smooth models.

IT DOESN'T COST YOU A CENT TO TRY IT

You needn't risk one cent to try this amazing new impression material. Order a box of twelve individual COE-LOID POWDER units. Take three or four impressions. If not completely satisfied, return unused units for full credit.

STUDY THESE COE-LOID BENEFITS

TIME SAVING—requires no special skill nor special impression procedure; **REDUCES MAKEOVERS AND ADJUSTMENTS.**

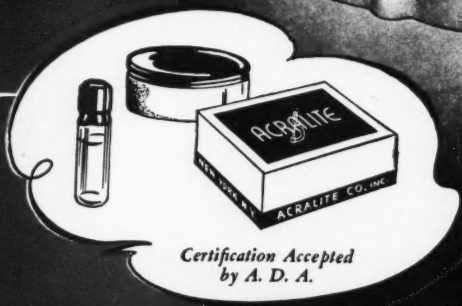
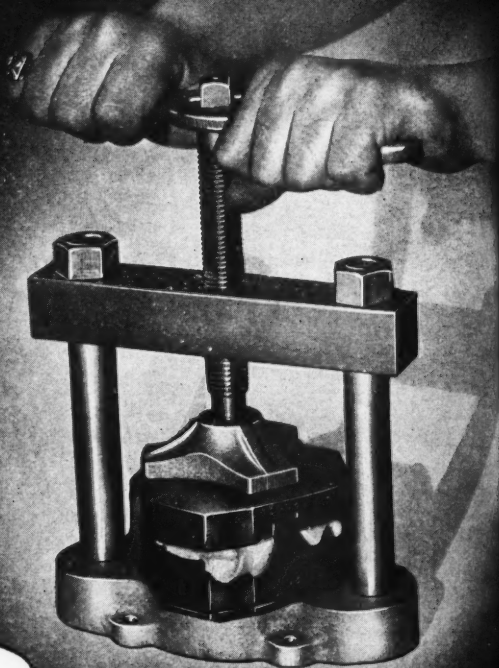
2. **CONTROLLABLE CONSISTENCY**—mix can be PRE-SHAPED for greater accuracy in impressions involving deep undercuts and high vaults.
3. **CONGEALS BY CHEMO-SET ACTION**—uniform throughout; has high degree elasticity; pulls out of undercuts without tearing or distortion. Produces SMOOTHER, HARDER MODELS.
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5. **PATIENTS PREFER IT**—cool, cannot burn the mouth; pleasing color and flavor; lessens gagging; ideal for children and orthodontists.
6. **MULTIPLICITY OF APPLICATION**—in inlay, crown and bridge, partial and full denture work.

**ORDER A BOX OF TWELVE UNITS FROM
YOUR DEALER TODAY**

One Box of Twelve Units Now Only **\$4.00**
3 doz. lots, per box **\$3.75**
Gross lots, per box **\$3.50**

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6033 WENTWORTH AVENUE, CHICAGO, ILL.

MAXIMUM P



*Certification Accepted
by A. D. A.*

IMPROTECTION

at every step...

THE desirable slow, gradual pressure that makes for best results in pressing acrylics is made possible by ACRALITE. ACRALITE flows easily and uniformly; only a single pressing is necessary. The rigid control exercised in the manufacture of ACRALITE assures maximum protection *at every step*. ACRALITE has great strength — well in excess of A. D. A. Specifications; it is natural in color, highly adaptable, uniformly dependable.

ACRALITE has been used in hundreds of thousands of full and partial dentures. For the protection of your patients — for dentures of distinction — standardize on ACRALITE.

ACRALITE

REG. U. S.



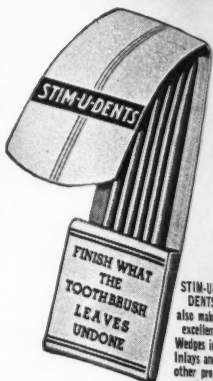
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ACRALITE CO., Inc. 257 W. 38th St., NEW YORK, N. Y.

"I Heartily Recommend STIM-U-DENTS"

You No Doubt Have Heard Many Dentists So Acclaim Them.

If you have not personally experienced the merits of this product, it goes without saying that your patients are not benefiting by this pleasant home treatment and you are not benefiting by their aid in the prevention and treatment of pyorrhea and gingivitis. With thousands of dentists using and prescribing STIM-U-DENTS, do you not think this sufficient recommendation to interest you? The gum tissue seems to "glow with health" from their daily use. Patients are aroused to a new interest in their teeth, thereby promoting TOOTH CONSCIOUSNESS; they see their dentists more frequently. They acquaint their friends with STIM-U-DENTS. Ask for Sample, or



MAIL COUPON TODAY

STIM-U-DENTS, Inc.
54 Alfred St., Detroit, Mich.
Enclosed find \$1. Send me 100 Special Size Pocket Containers (Like Cut) designed exclusively for dentists.

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Keep Your Patients
Thinking of You.

"GUM-TINT" IN DENTURE FIELD 44-YEARS
ACRYLIC POWDER AND LIQUID. STAINLESS CLASPS AND BARS.
GUM-TINT BLANKS—PARFAIT BLANKS

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THE PARISIEN CHEMICAL CO., INC.

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Order a trial supply now

The formula of Postolene is the exact proven formula known heretofore as Pustolene. It is the ideal anti-septic application for abscessed teeth and for root-canal filling. Order from your dealer. Only \$1.00 a jar. Sold on money-back guarantee.

Now in new, attractive package. J. A. SPRAGUE & CO., 325 19th Ave., Columbus, Ohio

SAME
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FOR OVER
40 YEARS.
\$1.00 PER
JAR.

BS POLISHERS
WILL NOT INJURE
DELICATE GUM
TISSUE

Young DENTAL MFG. CO.
ST-LOUIS-MO
ESTABLISHED OVER 40 YEARS AGO

MILLER'S ELECTRIC HANDPIECE

FOR CHAIR AND
LABORATORY USE

Save your present hand-
piece for oral work.

Ask your Dealer for
Free Demonstration

CHICAGO WHEEL & MFG. CO.

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Send for Catalog



Is yours a waiting and waiting and waiting room?

Unavoidable delays are bound to upset your schedule occasionally . . . *but not all delays are unavoidable.* If you have been losing valuable time through slower methods of instrument disinfection, for example, there is an easy remedy. Simply use Metaphen Disinfecting Solution. This widely-used product, designed for the cold disinfection of dental instruments with a minimum of attention, can be relied upon—in the absence of much blood and exudate—to kill common pathogenic bacteria (except tubercle bacillus and bacterial spores) *in less than ten minutes.* Instruments removed from the solution, moreover, are ready for *immediate* use without rinsing or drying. ● Metaphen Disinfecting Solution offers other important advantages also. It does not pit or dull cutting edges, or leave a gummy deposit to interfere with the free action of hinged instruments. It has no objectionable odor, and is not irritating to the skin or oral tissues. Metaphen Disinfecting Solution is stable under ordinary office conditions and may be used continually for an extended period without a marked decrease in efficiency. It is available through pharmacies in 1-quart and 1-gallon bottles. ABBOTT LABORATORIES, North Chicago, Ill.

Metaphen*
REG. U. S. PAT. OFF.
Disinfecting Solution

ACCEPTED BY THE COUNCIL ON DENTAL THERAPEUTICS
OF THE AMERICAN DENTAL ASSOCIATION

* 4-nitro-anhydro-hydroxy-mercury-orthocresol, Abbott



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STIM-U-
DENTS
also make
excellent
Wedges in
Inlays and
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SAME
PRICE
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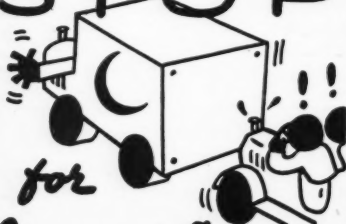
DENTISTS EVERYWHERE PREFER CLOVER LEAF THE *Accurate* IMPRESSION PLASTER

Write for liberal free samples
of Clover Leaf XX Impression
Plaster and Clover Leaf Soluble
Impression Plaster.



H. B. WIGGIN'S SONS CO. BLOOMFIELD, N. J.

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Crescent Stopping



4 OZ.
GLASS JAR
\$1

- MADE OF BEST GUTTA PERCHA
- IS NOT MEDICATED
- WILL NOT IRRITATE TISSUE
- LEAVES NO TASTE IN MOUTH

CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO

PRODUCE

Quality Records QUICKLY



URELL SOLUTIONS—simply
diluted with plain water—
produce clear, diagnostically
correct X-ray records in less
than 5 minutes. They eliminate need for
mixing chemicals, heating water, waiting
for solutions to cool...save hours of dark-
room time.

Proved by years of continuous use—guar-
anteed by Urell, the oldest exclusive man-
ufacturer of X-ray Solutions in the United
States. Available at your favorite supply
house—order today!

Urell Solutions are sold in two sizes:
1 quart concentrate . . . \$2.00
1 gallon concentrate . . . \$3.50
4 quart concentrate . . . \$7.00
4 gallon concentrate . . . \$10.50
Each size free gift.

Urell Inc.

1414 N. VERMONT AVE., LOS ANGELES, CALIFORNIA



PERFECTION

DENTURE

ACRYLIC



Saves up to 50% in Time

In addition to this valuable saving in time, GETZ-400 is guaranteed to deliver the most perfect results of any material on the market today . . . in performance and economy.

Equally important to you, it is an exclusive manufactured product, protecting you on supplies when other acrylic materials are subject to shortage.

Order a trial pound today . . . Clear, Mottled, or Fine . . . make your own tests at our risk . . . prove these claims to your own satisfaction on our money-back guarantee.

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| Delivers up to 25% more dentures. | 4 Positively free from porosity, pitting, and teeth checking. |
| Saves up to 50% in time. | 5 Easier to chisel and polish. |
| Fastest mixing in 3 to 5 minutes. | |

The established ceiling price is \$12, per lb.

Ask Your Dealer or Write Us Direct

THE WILLIAM GETZ COMPANY
175 N. MICHIGAN AVE. . . CHICAGO

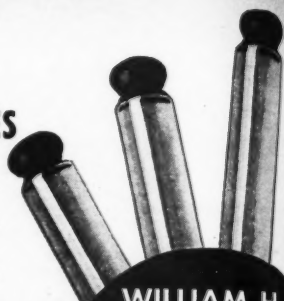
For unvarying quality in
local anesthetics

USE RORER'S HYPOTUBES

Procaine Hydrochloride 2%
with Epinephrine 1:25,000 A.D.R.
Procaine Hydrochloride 2%
with Epinephrine 1:50,000 A.D.R.
Procaine Hydrochloride 2%
with Neo-Synephrine HCl
1:2,500 A.D.R.





PREPARED with freshly distilled water in a modern laboratory under scientific control, these solutions are offered to the dental profession with the confidence that clinical use will establish the value of the time, thought and care employed in their manufacture.

Dental Division



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RORER
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254 South 4th Street
PHILADELPHIA
PENNA.

NO SPRAY

-  Webs retain abrasive while in motion, avoiding splash or spray
-  They are smooth and gentle, yet powerful
-  Webs provide greater, more effective polishing surface
-  Permanently mounted—will not slip off.



Pat. Sept. 14, 1937
CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO

CHILDREN

like
ALKALOL

They like its clean, fresh taste and its cooling, soothing effect.

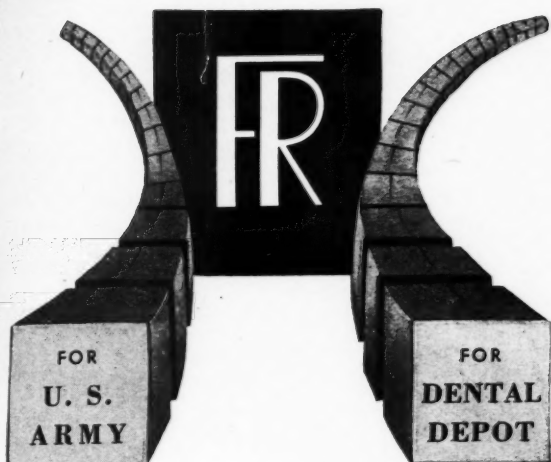
ALKALOL is always a safe alkaline, saline solution to use.

It is mild but accurately balanced for effectiveness.

THE ALKALOL COMPANY
TAUNTON, MASS.

Write for free sample
ALKALOL
ALKALINE · SALINE · CLEANSING





FR X-RAY CHEMICALS SERVE

in War—as well as Peace!



Today, in war — as yesterday, in peace, FR X-Ray chemicals continue to prove their versatility under the most exacting conditions. Easily and quickly prepared, uniform and stable in all climates, their efficiency speaks for itself in X-Ray films of great brilliance, and diagnostic detail. X-Ray technicians depend on FR for finer results. Do as they do — specify FR the very next time.

FINK-ROSELIEVE CO., Inc., MEDICAL-DENTAL DIVISION
109 WEST 64th STREET, NEW YORK CITY • CHICAGO

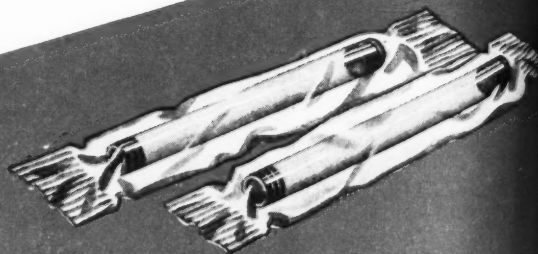


MANUFACTURERS
DISTRIBUTORS

deeper anesthesia with
the solution



**PATIENT
RESTING**



anesthesia with less toxicity than solutions of similar potency

All commonly used local anesthetics require the use of a vaso-constrictor. The ordinary vaso-constrictor is likely to affect cardiac output in many patients.

The anesthesia obtained with Oradent 4% Procaine Solution with Neo-Synephrin 1:2500 is smooth-acting and uniform. It is a strong-acting medium, producing profound anesthesia, yet because Neo-Synephrin is the least toxic of all commonly used vaso-constrictors *it is less likely to affect cardiac output.*

Unlike anesthetics of similar potency, Oradent 4% Solution with Neo-Synephrin allows ample operating time (1 to 1¼ hrs.) yet does not last so long as to make the patient uncomfortable. It tends to make a smooth-acting anesthetic involving fewer side reactions.

A marked improvement in patient behavior under anesthesia has been indicated in tests, judging by the infrequency of perspiration, nervousness, tremor or fainting.

Oradent

DIVISION OF
MIZZY, INC.
NEW YORK CITY

PROCAINE
SOLUTION
WITH
NEO-SYNEPHRIN
1:2500

4%

Calcium

"the element most likely to be deficient in the American dietary."

Macy, I. G.: Principal Mineral Elements in Nutrition, Jnl. A. M. A., Sept. 5, 1942.

Macy further states, "the lack of sufficient quantities of the mineral may have serious consequence on the longevity and fruition of the race. 99% of the calcium used by the body is concerned in bone and tooth structure, the remainder with the body fluids and soft tissues."

This fault in the general nutrition, widespread as it is, has an efficient and economical means of correction in CALIRAD WAFERS.

In CALIRAD WAFERS, calcium and phosphorus are combined in optimum ratio—1.625 to 1—with the essential vitamin D.

Especially indicated for pregnant and nursing mothers, growing children, and calcium-depleted adults



VITAMIN D₃
makes CALIRAD different!

CALIRAD WAFERS are the only calcium therapy employing Crystalline Vitamin D₃ which has the full antirachitic value of the animal vitamin D found in fish liver oils.

CALIRAD WAFERS

Reg. U.S. Pat. Off.

WITH
VITAMIN D₃

ALBA PHARMACEUTICAL DIVISION
WINTHROP CHEMICAL COMPANY, INC. SUCCESSOR WINDSOR, ONT.

NEW YORK, N. Y.



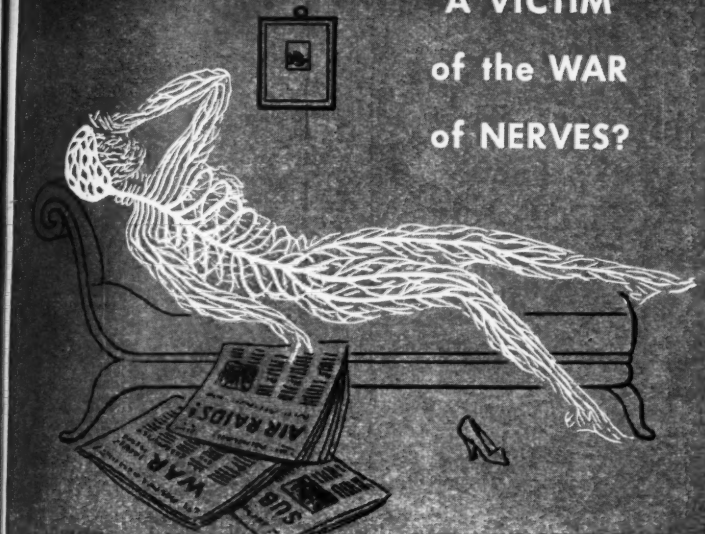
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allay nerve
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more effecti
dentists ever

Prepared in 3
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E MINIMA

A VICTIM of the WAR of NERVES?



No, *this* patient is totally unstrung—a veritable *bundle of nerves* because she has just returned from a fidgety sixty minutes in a dental chair. Many dentists, today, help their patients avoid dental dread, allay nerves that are inclined to jingle-jangle-jingle, alleviate pain by using Minimax Procaine Solutions—the dependable anesthetic for physical and mental comfort.

Minimax Solutions are delivered to you in the patented Hy-Vac package—the highly vacuumized container that keeps cartridges instantly ready for use anywhere, because it's wholly dust-proof, damp-proof, oxygen-free. You can make your patients' visits more pleasant and your operating time more effective by employing the anesthetic solutions that psychology-wise dentists everywhere find reliable, efficacious, convenient to use.

Prepared in 3 strengths: Epinephrin, 1:30000, 1:50000 and 1:70000. Supplied in two size cartridges: large for standard syringes, small for short syringes. 25 cts. in each Hy-Vac package.

Hy-Vac package patented U. S. Patent Number 2,215,479.



MINIMAX

THE MINIMAX CO. • MEDICAL & DENTAL ARTS BLDG. • CHICAGO

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portat
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years.

and the Men behind the Men behind the guns

THE SIGNIFICANCE OF YOUR SERVICE

Without teeth, there cannot be chewing.
Without chewing, there cannot be digestion.
Without digestion, there cannot be nourishment.
Without nourishment, there cannot be health.
Without health, what is life?

YOU may not look like a soldier as you serve beside your chair. You are not in military uniform. No one shouts orders at you.

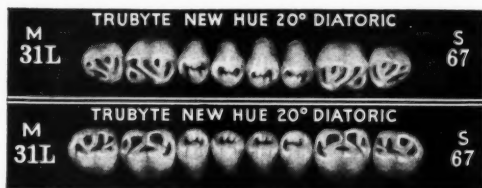
Yet, it would be difficult to exaggerate your importance to the boys in the front lines.

Each of our boys "over there" needs ten civilians at home working with might and main to provide arms, ammunition, clothes, food, transportation and the like. These civilians are the soldiers of production. All-out war requires that they keep going full time, full speed.

For full time and full speed, nourishing food well masticated is absolutely necessary. Half masticated food means half developed energy. After a while, that means half-rate production.

You must "keep 'em chewing to keep 'em fit," no matter what their years. You can do this by replacing missing or inefficient teeth with

TRUBYTE NEW HUE 20° POSTERIOIRS



EASY TO WEAR • EASY TO ARTICULATE • EASY TO USE

THE DENTISTS' SUPPLY COMPANY OF NEW YORK

220 West 42nd Street

New York, N. Y.



DOING IT THE HARD WAY.

Away back in the rough and ready days of dentistry, the "string and door" method of tooth extraction was often considered less of an evil than a visit to the dentist.

Today even the smallest child patient looks upon the dentist as a friend. And the most apprehensive adult patient has his fears allayed by the knowledge that a good sedative and analgesic will ease the discomfort of pain.

Many dentists have found in Peralga the kind of preparation that will do just that. Its combined sedative (barbital) and pain relieving (acetophenetidin and aspirin) action admirably fits it for use pre- or post-operatively, whenever it is a question of overcoming mental fear and physical pain.

You may obtain a trial supply of Peralga on request.

PERALGA SCHERING & GLATZ, INC.
113 West 18th Street, New York City

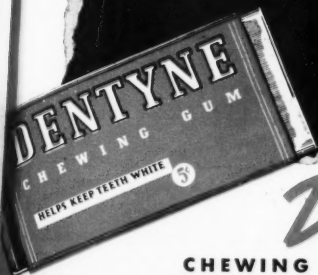
DEN
CHE
HELP

GNATHODYNAMICS



The Greeks apparently had a word for everything. But it's no Greek to the dentist . . . that the full employment of the dynamic forces acting on all the oral structures (through the habit of vigorous chewing effort) can contribute a significant influence in favor of structural integrity and functional efficiency.

Exercising the jaws regularly with a firm nonnutritive bolus, such as that provided by specially resilient Dentyne Gum, invokes an effective degree of "gnathodynamic" invigoration. Dentyne's reduced sugar content and deliciously clean tasting flavor render its recommendation both rational and welcome.



Dentyne

CHEWING GUM THE IDEAL MASTICATORY

The DENTAL *Sanette*



can be an
ASSET
to Your
Practice



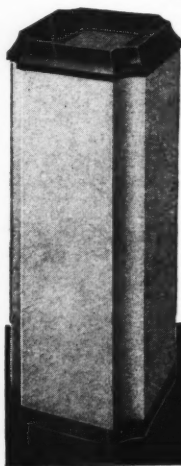
Designed in keeping with the fine professional equipment in your dental suite. Models for operating room, laboratory, powderroom, reception room and office.



Available in open and closed top styles ... in all the popular dental finishes. Write for illustrated circular; include dealer's name.

Master Metal
Products, Inc.
313-G Chicago St.
Buffalo, N.Y

**MODERN
DISTINCTIVE
LARGE
CAPACITY**



Crescent

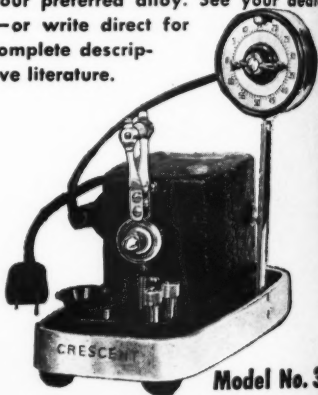


WIG-L-BUG

Pat. May 21, 1940

The Wonder Electric Mortar and Pestle eliminates much of the human error in amalgam work, assures better, faster, longer lived fillings. It is a great saver of time and money, too! The Wig-l-bug triturates enough amalgam for an ordinary filling in only 7 to 10 seconds. It avoids waste of alloy and mercury.

By standardizing technic, and producing a mix that has a smooth, fine texture that's always the same, the Wig-l-bug helps put your amalgam work on a profitable basis. Use it with your preferred alloy. See your dealer—or write direct for complete descriptive literature.



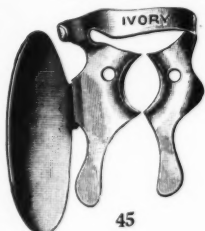
Model No. 3A

Through your dealer or direct

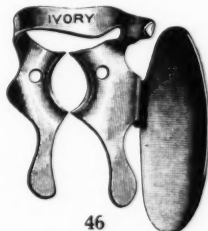
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1839 S Crawford Ave., CHICAGO

Ivory Rubber Dam Clamps

ARE YOU USING
OUR
SPECIAL MOLAR CLAMPS



45



46

Holds cheek and tongue out of way when using
stone—shields reflect light on tooth.

J. W. IVORY, Manufacturer
all dealers

Philadelphia, Pa.

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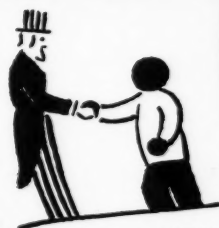
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★ WHITE & LUSTROUS

★ PERFECT in FORM



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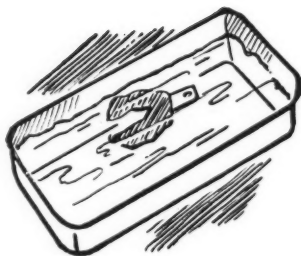
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★ UNIFORM
in QUALITY

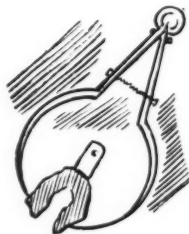
CRESCENT DENTAL MFG. CO.,
1839 S. Crawford Ave., CHICAGO

The NEW and D-P WHITE IM



May Be Left In
Water Overnight!

No need to stop to pour last minute impressions when D-P WHITE Impression Cream is used. Plain water will not affect it. Add no tablets or fixing solutions.



NO Dimensional
Change!

Dimensional change, the bane of so many impression materials, is nonexistent with WHITE D-P Impression Cream.

Sets HARDER

The new, improved D-P WHITE Impression Cream sets more firmly than before.

NO Distortion

D-P Impression Cream does not distort when removed from undercuts or angulated teeth.

Same Price

No increase in cost. \$4.00 per doz., 3 doz. for \$11.25

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IMPROVED PRESSION CREAM



Tougher Than Ever!

Tougher, stronger, with resilience and elasticity. There is no brittleness to D-P Impressions.



Accurate to the Nth Degree!

Your technician can do better work when accurate impressions are given him to start with.

The NEW D-P Impression Cream is WHITE

We've changed over from the light tan formerly used for purposes of ready identification. All those outstanding qualities which made D-P dentistry's favorite Impression Cream are present, plus the new features mentioned. No fixing tablets or solution needed.

Ask your dealer.

DENTAL PERFECTION CO.

MANUFACTURERS OF

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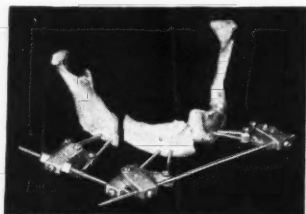


DENTAL SPECIALTIES

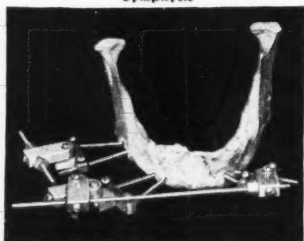
LOS ANGELES, CALIF.

NEW FRACTURE SPLINT

FOR EXTERNAL FIXATION OF JAW FRACTURES



Fracture of Mental Area and
Symphysis



Reduced and Immobilized

With the Thorold Fracture Splint (manufactured by Bendick) the broken ends of the jaw can be reduced and immobilized quickly and accurately.

The splint consists of short metal bars, each end of which is firmly anchored so as to bridge the fracture by four to six chrome nickel-alloy pins, skewered into the bone, with the aid of bars and screws. It is non-corrosive and is designed for extension in case of multiple fractures.

Ask your dealer about the Thorold Splint, or write for descriptive literature.

BENDICK COMPANY

160 Elsie Bldg., Lapeer, Mich., U. S. A.



Vacuum
Massage

It Helps TWO WAYS to Help Your Patients

- 1—INSPIRES CONFIDENCE
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GUM MASSAGER
THE DENTICATOR
GUM MASSAGER



Interstitial
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Same Rubber Cups and Tips as used Professionally by thousands of Dentists for Cleansing-Medicating-Massaging. Used successfully by patients between office visits in Prevention and Treatment of stubborn cases of Gingivitis-Pyorrhea-Trench Mouth.

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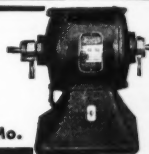
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BALDOR DENTAL LATHES

Complete line—1 and 2 speeds. At right: 1/4 h.p. One Speed.
Ball-bearing, heavy-duty motor. 1 YEAR GUARANTEE.
WRITE FOR BULLETIN 313. Price, without chucks.....

\$27⁰⁰

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FOR BETTER FITTING DENTURES USE

KELLY'S Impression PASTE

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Interdental
Stimulation

to, Calif.



THE NEXT ONE HAD BETTER BE GOOD!

● When deciduous teeth drop out their successors had better be strong and well built because they must serve during the rest of life.

But teeth cannot develop normally without an adequate supply of vitamins and there are many indications that a large percentage of American diets are deficient with respect to these factors.

That is why prophylactic treatment with 'Esdavite' Pearls is of particular importance during childhood.

'Esdavite' Pearls contain nutritionally rational amounts of vitamins

A, C and D, necessary for establishment of the structural integrity of teeth and gums; riboflavin and niacin, deficiencies of which produce inflammations of the mouth and tongue; and vitamin B₁ as well. The average prophylactic dose is *one* pearl daily.

• • •

Each 'Esdavite' Pearl contains: Vitamin A, 5,000 U.S.P. units; Vitamin B₁, 1 mg.; Vitamin C, 30 mg.; Vitamin D, 500 U.S.P. units; Vitamin B₂ (riboflavin), 2 mg.; and Niacinamide, 10 mg. . . . Supplied in prescription boxes of 25 and 100 capsules.

Sharp & Dohme . . . Philadelphia, Pa.

'ESDAVITE' PEARLS



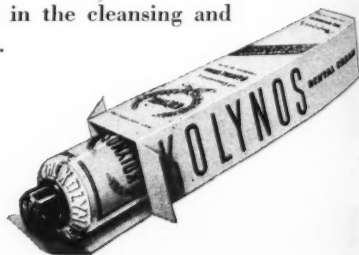
*Exciting as
a First Kiss!*

The tangy foam of Kolynos Dental Cream has a zip and tingle that wakes up the whole mouth. Patients find the regular brushing of their teeth a pleasure when you recommend a dentifrice as exhilarating as Kolynos. It is a thoroughly pleasant and effective aid in the cleansing and safe polishing of the teeth.

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**THE CONCENTRATED
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THE KOLYNOS COMPANY • NEW HAVEN, CONN.

McCORMICK'S ACRYLIC DENTURE MATERIAL

(Pink and Clear)

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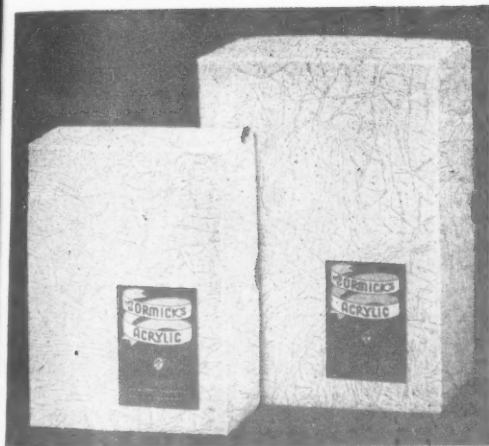
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$\frac{1}{2}$ Lb. Pkg.
Powder and Liquid

\$6.00

1 Lb. Pkg.
Powder and Liquid

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Quality maintained by rigid laboratory control. Possesses every desirable feature for perfect satisfaction . . . to the laboratory, dentist and patient.

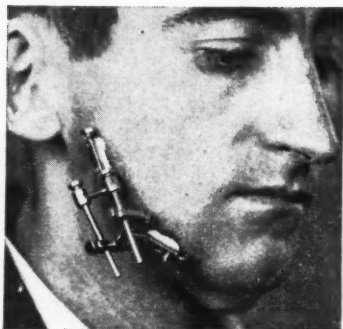
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NEW JERSEY**

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The
Haynes-Griffin
**SKELETAL
SPLINT**

After many years of successful use in major fractures of arms, legs, hips, and pelvis, the Haynes-Griffin Skeletal Splint has proven to be a remarkable success for the reduction of fractures of the mandible. It serves as a mechanical support, allowing free movement and function of the fractured mandible almost immediately after its attachment, and during the fixation period, a problem which heretofore was unsolved. The patient is able to go to work, eat more substantial food, and talk freely during the process of healing.

This splint is manufactured entirely of stainless steel. Literature and technique describing its use in all cases will be furnished upon request. Obtainable through all reputable dental supply houses.

The Hu-Friedy Mfg. Company
3118-20 No. Rockwell St., Chicago, Ill.



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BUYING
WAR
BONDS**



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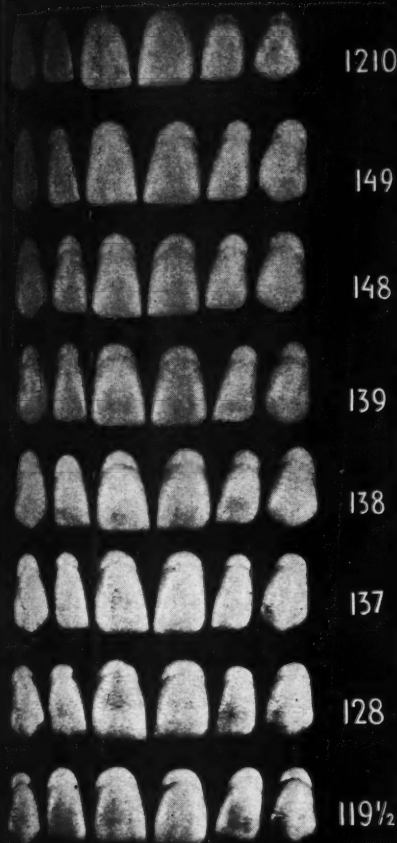
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Acrylic Jacket Crowns and Bridge Units are being made easily now! No special knowledge of blending and carving are required. Select the exact shade and mold wanted. Biodent Acrylic Veneers avoid make-overs. The only product of their kind on the market, and one destined to revolutionize jacket and veneer crown and bridge-work

**SIMPLE
ACCURATE
INEXPENSIVE**

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BIODENT ACRYLIC VENEERS

are available in 16 Molds and ALL popular shades

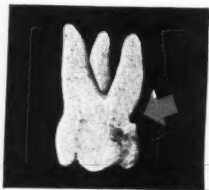
If Your Dealer Cannot Supply You, Please Write Us.

UNION BROACH CO., INC.

37 West 20th Street

New York, N. Y.

TO DENTISTS WHOSE PATIENTS' TEETH SHOW GROOVES LIKE THIS—



—and clinical studies* show 6 in 10 may have them...

NEW TEEL TECHNIQUE

1. Cleans and brightens without risk of grooving—
2. Brightens even hard-to-clean teeth quickly!

ABRASIVES are present in leading toothpastes and powders.

Even though harmless to tooth enamel, these abrasives in daily use gradually grind grooves into softer calcified parts of teeth exposed by gingival recession.

These typical abraded grooves—readily distinguished from acid erosions—are clean-cut notches in the dentin, polished smooth by brushing.

ABRASIVES CUT GROOVES

Such abrasion has been definitely established, by laboratory tests and by studies at a leading research foundation. In clinical examinations, grooves as deep as 0.5 m.m. were commonly noted,

and grooves from 0.6 m.m. to 1.5 m.m. were frequent. These reports* may be summarized:

First, 58% of all adults examined had these grooves in softer calcified parts of teeth (exposed by receding gingivae); cavities ground-in by abrasives contained in toothpastes and powders they regularly used. Second, the deepest ground-in cavities were found in teeth cleaned most regularly. Third, 8 in 10 had sufficient gingival recession to run this risk constantly.

DAILY ABRASION NEEDLESS!

It has always been assumed that, to clean teeth, dentifrices must contain abrasives. Examination of the nature of surface "stains" disproves this assumption.

*—Jrnl. of Dental Research, 20, 565-95, Dec. '41

LIKE THIS—

Recent studies show that about one-fifth of all patients accumulate a colored protein "skin" on tooth enamel. Unlike the common, easily removed film of "materia alba" and bacteria plaques, it is tenacious and non-bacterial... building up gradually over a period of weeks.

This "skin" appears pale yellow in some individuals, while in others it is darker, even slowly assuming a brownish cast. Unless removed, it appears as surface discoloration.

Abrasives in toothpastes and powders will remove this "skin"—but, used daily, abrasives also remove cementum and dentin where exposed.

However, it has been found that this "stain" can be overcome in a much safer way. Risky daily abrasion is unnecessary.

HOW NEW TEEL TECHNIQUE BRIGHTENS TEETH SAFELY

TEEL contains no abrasives—none of any kind... and this lack of abrasion is the basis for a new, safer oral hygiene. Used daily in conjunction with the toothbrush, TEEL gets teeth clean with no risk of abrasion whatever—readily removing "materia alba" and mucin plaques.

And the New TEEL Technique provides sufficient abrasion each week to remove the tenacious staining "skin"... but no more.

The New TEEL Technique consists of two steps:

1. *Twice Daily*—Brush the teeth with TEEL; a few drops



PROCTER & GAMBLE, Cincinnati, Ohio

LEADING TOOTHPASTES AND POWDERS MAY DAMAGE TEETH TESTS SHOW

Under identical conditions, the same teeth were brushed with TEEL or plain water, and—on the reverse surface—with toothpastes or powders. Each test was approximately equal to 6 years' brushing *in vivo*.

Depth of Abrasion of Cementum and Dentin (in hundredths of m.m.)

| | |
|---------------|------|
| Toothpowder A | 79.0 |
| " B | 62.6 |
| " C | 82.3 |
| Toothpaste A | 46.3 |
| " B | 40.6 |
| " C | 55.0 |
| " D | 33.4 |
| " E | 18.5 |
| " F | 32.5 |
| " G | 44.3 |

| | |
|-----------------|-----|
| BRUSH AND WATER | 0.5 |
| BRUSH AND TEEL | 0.0 |

Above tests reported in *Jrnl. of Dental Research*, 20 583-95 Dec. '41; 21 335, June, '42.

on dry or moist brush. Provides daily home hygiene with *no abrasion*.

2. *Weekly*—Brush teeth for at least one extra minute with plain baking soda on brush moistened with TEEL. Necessary abrasive action each week to remove surface "stain."

Samples of TEEL will gladly be sent on request. Also detailed reports of the scientific studies upon which the New TEEL Technique is based. Requests may be addressed to—DEPT. OF DENTAL RELATIONS, DIVISION 100, PROCTER & GAMBLE, Cincinnati, Ohio.

This message, in popular form, is appearing in advertisements in national magazines.



Effective SURFACE ANESTHETIC

NUM has everything it takes—

- Powerful anesthetic action.
- Non-narcotic.
- Non-toxic.
- Non-irritating.
- Non-acid.
- Pleasant smelling.
- Tasteless.
- Non-evaporating.
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In the Silver and Black Box.
Order from your Dental Depot.

DENT NUM

TRADE MARK REG.

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NUM SPECIALTY CO., 4614 Fifth Ave., Pittsburgh, Pa.

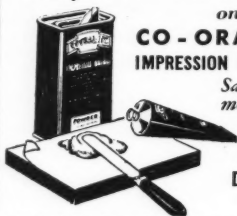
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worry!*

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THE PROVED BLENDED ACRYLIC FOR DENTURES



Here is a record that is hard to beat. One laboratory writes us after using 10 pounds of E-ZE acrylic denture base material that he has experienced only two checked teeth. (Name on request) Why don't you try E-ZE?

Excess pressure in closing flask is eliminated with E-ZE

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E-ZE Has A Beautiful Color

A HIGH QUALITY MATERIAL AT A LOW PRICE

E-ZE Powder and Liquid, Pink or Clear

**E-ZE mixes into a soft doughy mass quickly
and can be packed immediately.**

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Greater Beauty



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uty **PROVEN STRENGTH**

ARE COMBINED IN
DR. MYERSON'S TEETH EVEN
AS THEY ARE IN NATURE . . .

The play of light and shadow, the erosions of time have contributed to the rugged beauty of this seascape. It is a striking example of that law of esthetics, "Beauty and Harmony through Variety."

Similarly, the beauty of natural teeth is portrayed in Dr. Myerson True-Blend Teeth, in the harmony of color that avoids the sameness of *mechanically-made* articles.

In Dr. Myerson True-Blend teeth, the blending, striations, erosions, irregular incisal edges—are all hand-made—by skilled and careful hands.

Dr. Myerson's teeth are stronger, too . . . For greater security in processing or in use, Dr. Myerson True-Blend Teeth are always indicated.

Dr. Myerson's

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and

TRUE-KUSP *Posteriors*

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Literature on request. Ask your dealer.

Preferred by the profession since 1902. Now supplied in sturdy, dispensal bottle with automatic closure in two fl. oz. (54 gm) 3 fl. oz. (81 gm) and 4 fl. oz. (108 gm) sizes. Choice of fine, medium or coarse spray. The amber glass bottle is actinic ray resisting thus Gebauer's Ethyl Chloride is guaranteed to retain its purity indefinitely. Also supplied in the well known metal tube container with regulating valve in 40 gm. and 100 gm. sizes.

THE GEBAUER CHEMICAL CO.
9410 St. Catherine Ave. Cleveland, Ohio

**At no cost to yourself,
you can help
a brave brother dentist**

ORAL HYGIENE prints this advertisement in an effort to help a courageous dentist, Dr. Russell Panzica. Under 40, Doctor Panzica is the victim of multiple sclerosis.

Unable to practice, he is working bravely to support his family by selling magazine subscriptions. You can send him your 1943 renewal orders now, and at publishers' regular rates:

The Reader's Digest: \$3 yearly; \$5 for two years. Gift subscriptions, for boys in military service, are only \$1.50 each.

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Esquire: \$5.00 yearly.

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You may also include subscriptions for any other magazines.

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Russell Panzica, D.D.S.
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Now in Popular-Priced Paper Packets

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For fine films, Doctor, you can't cap these. With the same emulsions as before, they of course have the same speed and exposure latitude, and produce the same high contrast and brilliance so important to diagnosis. Moreover, the uniformity of their emulsions assures your being able to duplicate results consistently with established x-ray operative techniques.

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With your first order will be included, upon request, a trial package of 1½ dozen films in a separate container—no extra charge. If on using these

trial films you are not entirely satisfied, return your order, seal unbroken, and receive full credit. One trial package to customer.

Order today from your dental dealer.

Note These Attractive Prices

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| Universal, Single, gross | \$3.75 |
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Today's Best Buy - U. S. War Bonds

"I wish to compliment you on your success in producing Zelex for partial impressions. You may be interested to know that, at the suggestion of my laboratory, I pour the model right away. My cases always fit... hence, I am very much pleased with Zelex."

12 Potassium sulphate tablets are now included, without extra charge, in each 12-unit package illustrated below. Price of 12-Unit Package \$4.00 complete, 3 packages at \$3.75 each



THE kind of accuracy that assures fit in the mouth . . . that's the all-important property which every Zelex impression possesses when removed from the mouth.

And to protect this accuracy, the Zelex user respects the chemistry of the impression material. He does these 3 things as recommended:

- (1) Rinses the impression under running water.
- (2) Soaks impression in 1% potassium sulphate solution for 3 or 4 minutes (never over an hour) to produce harder-surface model.
- (3) Pours model promptly in his office so that laboratory can fit the restoration to his model. Then the danger of the impression's drying out while in transit is safely eliminated.

(If impression is forwarded to laboratory, wrap it in a wet cloth or cotton previously soaked in potassium sulphate solution.)

If you haven't tried Zelex as yet, then you will discover that it provides *plus* qualities that make impression taking easier than ever before. Its simplicity in use . . . its dependable accuracy . . . its convenient package . . . all contribute directly to your genuine satisfaction.

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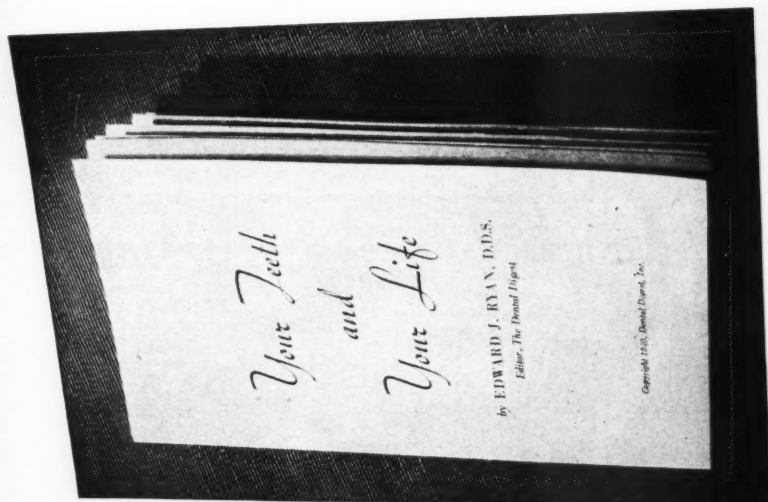
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*Your Teeth
and
Your Life*

by EDWARD J. RYAN, D.D.S.,
Editor, The Dental Digest

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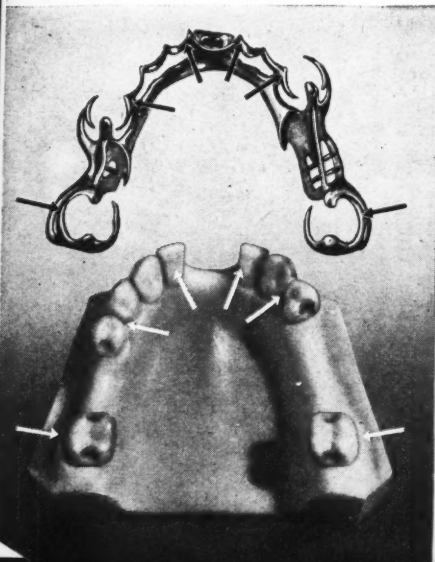
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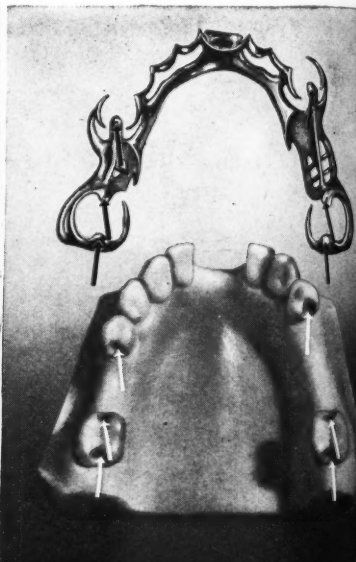
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• A slight posterior tilt was given to the model so as to produce distal undercuts on the bicuspid abutments and to reduce the mesial undercuts on the molars. This posterior tilt also permits seating the supplied anteriors without leaving excessive interproximal spaces.

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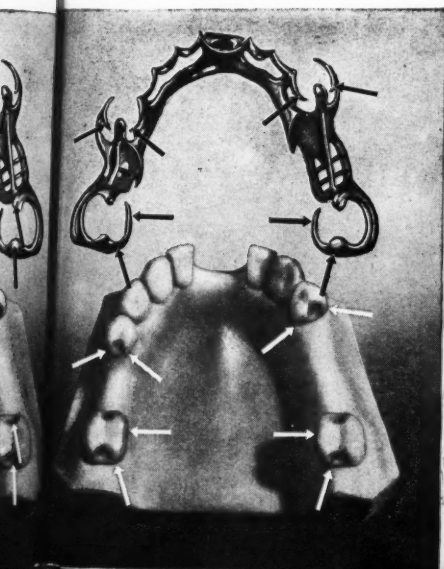
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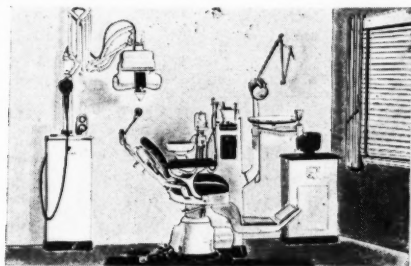
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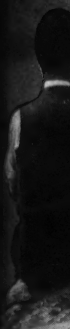
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